

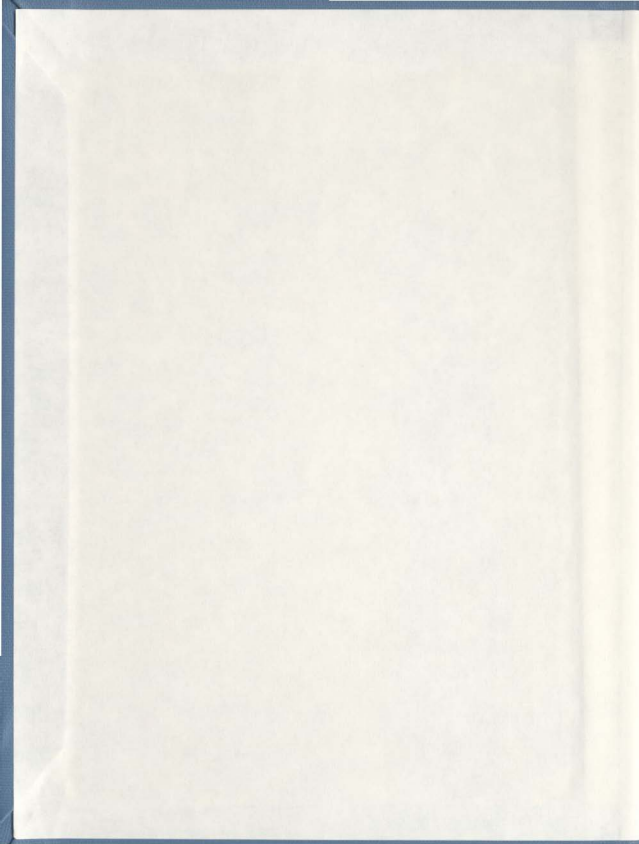
CONCERNS OF PRIMIPAROUS MOTHERS DURING
THE FIRST FORTY-EIGHT TO SEVENTY-TWO
HOURS FOLLOWING HOSPITAL DISCHARGE AND
THE AVAILABILITY OF SUPPORT SYSTEMS

CENTRE FOR NEWFOUNDLAND STUDIES

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HEATHER MARION (MATTHEWS) HAWKINS, R.N., B.N.



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Concerns of Primiparous Mothers
During The First Forty-eight to Seventy-two Hours
Following Hospital Discharge
And
The Availability of Support Systems



by

Heather Marion (Matthews) Hawkins R.N., B.N.

A thesis submitted to the
School of Graduate Studies in partial fulfillment of
the requirements for the degree of
Master of Nursing

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Abstract

The purpose of this study was to describe the concerns of primiparous mothers during their first 48-72 hours at home following hospital discharge and the availability of support during this time period. This research could assist nurses in determining the need to provide continuing nursing support to healthy primiparous mothers immediately following hospital discharge.

An exploratory descriptive methodology was used for the study. The sample of 41 healthy primiparous mothers were interviewed using a structured questionnaire. The initial post hospital discharge concerns of these mothers were identified as well as the availability and utilization of support systems. Data were analyzed using descriptive statistics.

The results indicated that new mothers have concerns soon after they go home from hospital. For healthy, well-educated mothers who had readily available sources of support, the frequency and intensity of concerns was relatively low. Mothers indicated they frequently knew there would be changes occurring and they were prepared for them and thus not concerned. The most frequent concerns were infant-related with maternal-self and situational concerns somewhat less frequent. The utilization of support

was low. However, when mothers did seek support it was most frequently obtained for infant-related concerns. For maternal-self and situational concerns the most frequent source of support was the partner. For infant-related concerns, the family doctor and public health nurse were consulted equally.

Currently public health nurses make postpartum home visits to all mothers. The timing and the necessity of all of these visits is being questioned. The results of this study suggest that all mothers should be assessed in hospital for their potential concerns and the availability of support systems, and that those deemed in need of immediate continuing nursing support receive an early home visit. Mothers assessed to be ready for discharge home should be assured of the accessibility of nursing support and that their need for professional support be reassessed periodically.

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CHAPTER I

Introduction

The birth of an infant has the potential to be a stressful event for the mother as she adjusts to motherhood (Brouse, 1988; Hawkins & Gorvine, 1985; Majewski, 1987). In the hospital setting nurses may provide support to new mothers and assist them in beginning their adjustment to motherhood. This support may be the giving of information, the giving of physical care to mother and infant, and teaching a new mother to care for herself and her infant. During this time, nurses have the opportunity to identify maternal concerns and mobilize resources to help alleviate these concerns. However, when the mother is discharged home with her infant, other concerns may arise.

Several researchers have identified maternal concerns and the need for support during various stages of the postpartum period following hospital discharge. (Adams, 1963; Gruis, 1977; Harrison & Hicks, 1983). Little of this research has focused on maternal concerns during the first few days at home and the availability of support. Knowledge of these potential areas of concern and the mother's support systems would be beneficial for nurses in discharge planning for new mothers.

This study will identify maternal concerns during the

initial time period at home. The mothers' support systems will also be assessed. This will contribute to the knowledge base for maternal child nursing practice.

Context of the Problem

The adjustment to motherhood begins in the hospital, where nearly all births occur. The presence of health care professionals provides the opportunity for the mother to recover from the birth, learn how to care for her baby and to receive much needed support. Early literature placed an emphasis on the importance of new mothers being dependent at this time (Rubin, 1975; Swanson, 1978), while other writers, such as Pridham, Hansen, Bradley, and Heighway (1982) considered the early postpartum period to be a time to encourage mothers towards self-care and to assume the responsibility of caring for their infants.

In addition to professional support while in hospital, the new mother receives social support from relatives and friends. However, during this hospital stay, consideration may not be given to what support, if any, will be available at home (Ball, 1981; Gruis, 1977; Hampson, 1988; Mercer, 1981).

As a result of current trends in maternity nursing the "normal", healthy primiparous mother may be at home within

three days of delivery to continue on her own the process of adjusting to motherhood. It has been reported that the initial time at home may be a critical period for the new mother when she may have special needs (Adams, 1963; Field, Draper, Kerr & Ware, 1982; Hall, 1980; Hampson, 1988; Sumner & Fritsch, 1977). During the first few days at home, the mother continues to experience the physiological changes that are part of the involution process and the infant's physiological systems quickly adjust to the extrauterine environment. Hawkins and Corvine (1985) stressed the need for assessment and appropriate intervention during this period. In addition, both mother and baby have psychological needs, especially the need to develop maternal-infant attachment.

There is a controversy in the literature about whether the postpartum period is a time of crisis (Clark, 1966; Dyer, 1963; Hall, 1980; Hobbs, 1965; LeMasters, 1957; Marecki, 1979) or whether it is a time of transition or adjustment that may be stressful for the new mother (Brouse, 1988; Cronenwett, 1985; Curry, 1983; Cutrona, 1984; Gardner & Wheeler, 1987; Majewski, 1987). Despite the controversy, there is some agreement among these writers, that during this time period, there is a potential for the development of maternal concerns which could hinder the mother's ease of adjustment to motherhood.

One community service that is available to new mothers is professional support from Public Health Nurses. In the western world, usually prior to discharge home, a referral of each new mother is made to the Public Health Nursing Department. However, some new mothers do not receive a visit or have contact by phone from the nurse until they have been home a week or more. The mothers who are identified in hospital as being at risk because of physical, psychological or social needs for themselves or their newborn infants will usually receive an early home visit. On the other hand, the mothers who have apparently normal psychosocial histories, uncomplicated pregnancies and deliveries and those whose infants are apparently healthy and normal may not receive the same attention (Ball, 1981; Bull, 1981; Curry, 1983; Field & Houston, 1987).

Combs-Orme, Reis, and Ward (1985) and Hampson (1988) acknowledged that public health nursing has been facing budgetary cutbacks. They also argued that postpartum visits may have to be limited to those mothers identified as being at risk for parenting difficulties. Currently, in the province of Newfoundland, Public Health Nursing is reviewing its postpartum home visiting program. The question that is being asked is whether there is a need to make early home visits to new mothers even if assessed not

to be at risk.

With the trend toward early hospital discharge, the new mother may be discharged home to adjust to motherhood, and to cope with potential concerns, without either the professional support usually available in the hospital or the traditional public health nurse visit.

In the past, a woman often had social support from the extended family to assist her in adjusting to motherhood. Today, with the trend towards smaller nuclear families and the transient nature of society, many new mothers may only have their partners for support (Brown, 1982; Crnic, Greenberg, Ragozin, Robinson & Basham, 1984; Sumner and Fritsch, 1977). Some mothers may not even have a partner for support. Donaldson (1981) identified some of the possible effects on the family when there is not adequate support: maternal depression, family disorganization, maternal physiological trauma (i.e., sepsis, delayed involution), and/or infant trauma. The infant may be affected directly: failure to thrive; neglect or abuse, and developmental deprivation may be the result (Clark, 1966; Cohn, 1981; Garbarino, 1980; Kempe, 1976; Klein & Stern, 1971).

This present study will therefore seek to identify the mothers' perception of their concerns, the intensity of those concerns and what sources of support are available to

them, during the first 48-72 hours following hospital discharge. This data will provide nurses with an analysis of the maternal concerns and the support systems of a group of healthy new mothers. This information has implications for the provision of postpartum nursing care in the home immediately following hospital discharge. This information would help to identify mothers in need of close follow up during a difficult time period in their adjustment to motherhood. Such follow-up from nurses may assist the mother by reducing her level of concern and avoid the consequences of poor postpartum adjustment.

Purpose

The purpose of this study is to describe the maternal concerns of primiparous mothers during the first 48-72 hours following hospital discharge, and the sources of support available to them. Ultimately this study may help to determine whether there is a need for nurses to become more directly or indirectly involved in the support systems of new postpartum mothers during their first few days at home. The identification of this need and the provision of nursing services to designated postpartum mothers may alleviate many of the maternal concerns, assist the mother to adjust satisfactorily to early motherhood and ultimately

promote the health of the family. If this support is not necessary, the public health nurse will have more time to work with more high risk families.

Research Questions

This study will examine the following questions:

1. What are the concerns of primiparous mothers relating to the self, the newborn infant and the postpartum situation during the first 48-72 hours following hospital discharge?
2. What is the perceived intensity of the identified maternal concerns related to the self, the newborn infant and the postpartum situation at home?
3. Who does the mother perceive as members of her support system during her first 48-72 hours at home, following hospital discharge?
4. For which maternal concerns is support obtained?
5. Which sources of support are utilized by the mother during the first 48-72 hours at home following hospital discharge?

Definitions and Usage of Terms

1. Concerns--questions, worries or areas of marked

preoccupation or interest related to self or baby (Bull, 1981), or to the home situation.

2. Intensity--degree of concern (slight, moderate or great) as perceived by the mother

3. Support--the physical and the psychological help provided to mothers through: a) informal or social networks (relatives, friends, acquaintances); b) formal or professional sources (health care workers, public assistance programs, or self help groups) to provide assistance dealing with maternal concerns (Caplan, 1974; Shonkoff, 1985).

Conceptual Framework

The conceptual framework for this study consists of four key concepts. These concepts are: (1) the postpartum period, (2) postpartum maternal concerns, (3) adjustment in the early post hospital discharge period, and (4) social and professional support.

The postpartum period has the potential to be a stressful time for the new mother. It requires her to make changes, to incorporate a new person into the family and to quickly begin to transform the family dyad into a family triad. The advent of motherhood requires adjustment to be made (Bull, 1981; Clark, 1966; Melchior, 1975).

During the initial adjustment period the mother may have concerns about herself, her newborn infant or the postpartum situation. Many researchers have identified maternal concerns at various stages during the postpartum period (Adams, 1963; Brown, 1967; Bull, 1981; Fillmore & Taylor, 1976; Gruis, 1977; Harrison, & Hicks 1983; Pridham et al, 1982; Sumner & Fritsch, 1977). The frequency and degree of the maternal concerns may disrupt the physical, psychological and social well-being of the mother which will affect her adjustment to motherhood (Brouse, 1988; Rhode & Groenjes Finke, 1980).

The first few days after hospital discharge (first 48-72 hours) may be a difficult time in the adjustment to motherhood (Adams, 1963; Field et al, 1982; Hunter, Mott & Gundry, 1962; Brown, 1967; Marecki, 1979). This is the time when the mother no longer has the security of professional support available in the hospital and when she must cope with the care of herself and her infant.

The adjustment to motherhood may be facilitated by support (Brouse, 1988; Cronenwett, 1985; Majewski, 1987; Rhode & Groenjes-Finke, 1980; Tulman & Favcett, 1988). This support may be from family and/or friends or from professional persons or groups. With support during this time period, the frequency and intensity of maternal concerns would be expected to be less and the mother's

adjustment to motherhood to be made easier.

These four concepts related to postpartum adjustment have formed the framework for this study.

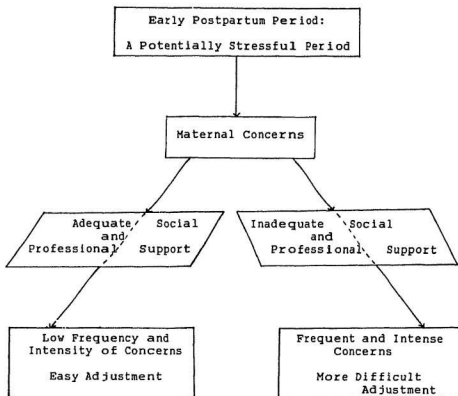


Figure 1. Conceptualization of the Early Postpartum Period

CHAPTER II

Literature Review

The literature search focused on three areas: (1) the postpartum period as a period of adjustment to motherhood (2) concerns of primiparous mothers about themselves, their babies and the postpartum situation following hospital discharge, and (3) professional and social support in the postpartum period.

The Postpartum Period: A Period of Adjustment

The early literature on the postpartum period referred to this time as a time of crisis (Dyer, 1963; Hobbs, 1965; LeMasters, 1957; Melchior, 1975; Russell, 1974). Other writers have viewed the birth of a child as being a potential for crisis. Affonso (1987) suggested that new mothers would have to make adjustments which could cause stress that could precipitate crisis. Hawkins and Gervine (1985) in their book on postpartum nursing used a crisis model to guide nursing practice in caring for new mothers. They identified many stressors that could cause crisis. Many of these stressors, including: hemorrhage, diabetes, mastitis, were likely to occur in the high risk mother more so than the healthy primipara who has a healthy infant.

Hobbs (1965) studied 53 first-time parents to determine their perceived difficulty in adjusting to parenthood. The random sample was obtained from recent birth records with the average age of the children being 9.8 weeks. The tool used was a checklist which was personally delivered to and retrieved from the subjects. Hobbs results suggested that the postpartum period constituted a slight crisis.

Hobbs and Cole (1976) attempted to replicate the study by Hobbs in 1965 by using the same geographical location and methods of data collection. A random sample of 120 couples was obtained from birth records. Questionnaires concerning the experiences of new parents were mailed to the couples and picked up upon completion. Parents were asked to rate their marriages prior to and following childbirth, to indicate the degree of difficulty for them on various items such as physical discomfort, housework, interference from others, husband-wife relationship, etc.. Results for this group indicated that adjusting to parenthood was slightly difficult but it was not a time of crisis.

On the other hand, Sheehan (1981) in a pilot study, assessed six "self-selected" women's perception of adjustment to motherhood at six weeks after delivery. Both primiparous and multiparous mothers, of twenty to thirty

years of age participated in the study. Three questionnaires were administered during four interviews (the last month of pregnancy, at three days, two weeks and six weeks postpartum). The third questionnaire was used for the last two interviews. Even though the results could not be generalized due to the small sample, results did indicate that maternal adjustment during the first six weeks of the puerperium constitutes a potential crisis. During this time the physical demands as well as the tasks involved in adjusting to motherhood make mothers vulnerable to self-conflict and insecurity.

Miller and Sollie (1980) administered questionnaires, in order to study childbearing couples as they changed over time, and to measure stresses during the transition to parenthood. Questionnaires were completed by a convenience sample of 109 couples at midpregnancy, and at five to six weeks and six to eight months after delivery. The researchers investigated the changes in stresses during the transition to parenthood. The questionnaires measured personal well-being, personal stress and marital stress. Results indicated that after childbirth there is a slight decline in personal well-being and some increase in personal stress over the first childrearing year. Mothers expressed higher marital stress after childbirth whereas the fathers reported no difference. These results were

statistically significant.

Celotta (1982) conducted postpartum group classes for 23 primiparae. Twenty-two mothers had attended prenatal classes and were one to five months postpartum. At the first session the mothers were given a questionnaire that measured physical complaints, psychological health, depression and anxiety. The mothers took the questionnaires home to complete and return the next week. Group sessions continued for six weeks during which time the mothers received information related to childrearing and personal care. At the last session a second questionnaire, similar to the first, was given to the mothers. Results indicated new motherhood was not a time of crisis for these mothers. One possible reason for the results is that this group of middle-class women had attended prenatal and postpartum classes and were prepared for the adjustments that were required following childbirth.

Based on these studies, the postpartum period for the healthy primiparous mother is probably not a time of crisis but rather a time of adjustment in the transition to motherhood which may not be without difficulty.

Postpartum Concerns

New mothers are required to make adjustments when they

return home with their infants. In making these adjustments maternal concerns may develop. Mothers may have concerns about themselves, about their infants or about the home situations. The timing of the assessment for concerns may influence the type and frequency of concerns, and the initial time period at home may be an especially a difficult time during which concerns may arise. A review of the literature reveals there have been few studies that focused on this initial period at home.

Sumner and Fritsch (1977) conducted a survey to assess parental concerns up to the first six weeks of life. Two hundred and seventy telephone calls to medical centers, nurseries and consultive nurses' stations were analyzed over a 26 day period. Results indicated that 80% of all eligible primiparae telephoned while only 25% of eligible multiparae called. Of all the calls received, 62% were from primiparae with 38% of the calls from multiparae. The peak period for calls was during the first two weeks, with dramatic peaks noted on the first to second day after discharge, at seven days at ten days and weekly thereafter, dropping off sharply by six weeks postpartum. The results indicated the majority of the concerns were related to the infant. Thirty-one percent of all the questions were related to infant feeding, 21% were related to gastrointestinal problems, with 16% related to the infant's

skin such as rash or cord care. The greatest area of maternal concerns relating to self was anxiety (the authors did not identify what was causing the anxiety), accounting for 9% of all the calls. Sumner and Fritsch noted most of the concerns arose when there was the least amount of professional support, namely the first two weeks of life. In Sumner and Fritsch's study most of the maternal concerns during the initial post hospital period focused on the physical aspects of the infant.

Rhode and Groenjes-Finke (1980) conducted a three month study by making telephone calls to assess maternal concerns and determine who were the mothers' sources of information. Ninety nine mothers were randomly assigned to an experimental or control group. Telephone calls were made to mothers in the experimental group on the second day following hospital discharge. Mothers identified concerns in eight areas related to self, infant and home situation: self-care, baby-care, family planning, rest, visitors, help at home, family relationships and depression. The concerns identified at two days had decreased by 50% by six weeks postpartum. The control group was not contacted prior to the six week visit. At the six week clinic visit both groups of mothers completed a questionnaire that identified their sources of information during the previous six weeks and their current concerns using the eight categories

already noted. Results revealed the experimental group sought information from resources (mean 6.483) more often than the control group (mean 5.206) with $P < .048$. One possible explanation for this is that during the telephone call the experimental group were encouraged to seek help. At two days the focus of concerns was on physical needs (self-care and infant care). The focus of concerns for both groups at six weeks was on psychosocial needs (rest, visitors, family adjustment, depression, and family planning). The mothers in the experimental group who had good social support had fewer concerns about depression. It was suggested that the nursing contact and social support may have contributed to lower frequency of concerns in this area. It was also noted that as the educational level of the experimental group increased so did concerns about depression decrease. The authors concluded that assessment, appropriate nursing intervention and evaluation are important for postpartum mothers.

In the two previous studies the maternal concerns identified during the first few days at home focused on physical needs. As was noted in the study by Rhode and Groenjes-Finke (1980), maternal concerns changed over time. This change has been observed by other researchers who carried out studies on maternal concerns at different times throughout the postpartum period.

Bull (1981) studied the difference in maternal concerns after one week at home. Using a comparative survey method a convenient sample of 40 healthy primiparous mothers who had vaginal deliveries, full-term infants and were married, answered a self-administered 50-item questionnaire on the third day postpartum. This questionnaire was to identify potential maternal concerns related to: self, baby, husband and family and community, following discharge. One week later, thirty of these same mothers completed a follow-up questionnaire which they had received in hospital and were to return by mail. Results indicated there was a statistically significant decrease in the intensity of concerns related to physical self and physical care of the baby after one week. Concerns relating to emotional self increased, while concerns relating to infant behavior continued to be of moderate to much concern. The decrease in the frequency and intensity of concerns related to physical care of the infant was statistically significant ($P=0.05$). Bull concluded that new mothers continue to have concerns following childbirth and that there is a need for support.

Adams (1963) interviewed 40 primiparous mothers during their first postpartum month. Twenty mothers had infants with low birth weights while 20 infants were of normal birth weight. Interviews took place on the second

postpartum day in hospital, at one week after discharge and at four weeks after discharge. Results indicated the mothers had concerns, but those with previous experience with infants had less concerns. Mothers who cared for their infants in hospital or attended infant care classes had more questions about infant care at the first interview but these were reduced substantially by the end of the first week.

Gruis (1977) studied the concerns of new mothers and their sources of help during the first four weeks postpartum. A mailed questionnaire was forwarded to both primiparae and multiparae four weeks after delivery. Of the seventy questionnaires mailed, 40 were returned, 17 from primiparae and 23 from multiparae. Results indicated 95% of the mothers reported the return of their figure to normal as a concern. This concern was major to 65% of the mothers and minor for 30% of the mothers. Less than 25% of all mothers were greatly concerned about infant care. Other concerns noted were housework, fatigue and tension. Of the five foremost concerns of the 17 primiparae, infant behavior and feeding ranked third. For multiparae, infant concerns did not rank in the top five concerns. In the area of support, Gruis noted neither primiparous nor multiparous mothers used the nurse as a source of help during that first month, relying mainly on the husband. She concluded

that existing support systems were inadequate to meet the needs of postpartum mothers.

Harrison and Hicks (1983) conducted a similar study on 158 Canadian women who had vaginal deliveries. During the fourth week after delivery a questionnaire, using the model developed by Gruis (1977), was forwarded to the mothers. At four to eight weeks postpartum these mothers reported concerns similar to those Gruis (1977) found in her study. As in the Gruis study the mothers turned to their spouses for support and the nurse was the least likely to be contacted.

Brouse (1988) sought to determine whether nursing intervention that consisted of teaching primiparae about infant behaviors and abilities would ease the transition to motherhood. The sample of 31 primiparous mothers had vaginal deliveries, delivered healthy full-term infants, lived with the baby's father and were eligible for discharge on the fourth day postpartum. The 15 mothers in the experimental group were given both verbal and written information on infant behavior on the third day postpartum while the control group received the same information at three weeks postpartum at home. The third week interview for both groups of mothers focused on maternal concerns related to caring for the infant, the mother's physical and psychological well-being and the well-being of the father.

Results indicated there was no statistical difference between the groups on demographic variables. The experimental group had a lower anxiety level. There was no difference in concerns between the two groups, thus, these were reported as generalized concerns. Overall, instead of physical concerns these mothers were worried about infant behaviour including crying and "fussy periods". Concerns over physical care of the newborn may have been greatly reduced by the emphasis in hospital on teaching new mothers these skills prior to discharge. It was noted by the authors that these mothers had good social support, they returned to their doctor for their postpartum check at two weeks and they had received a visit from the public health nurse.

All of these studies identified maternal concerns at different times during the postpartum period. In each study the concerns were the greatest during the early weeks following delivery. The initial concerns focused on the infant and the mother's emotional state. By six weeks postpartum, infant concerns had decreased with a slight increase in concerns relating to maternal self. Acknowledging the adjustment to motherhood as potentially difficult and that new mothers may have concerns, it is then essential to identify mechanisms that may assist the new mother in making the transition to motherhood as easy

as possible.

Support Systems and Transition to Motherhood

Support is thought to be a factor that assists the new mother in avoiding the physiological and psychological consequences that may occur from problems in adjustment to motherhood (Brouse, 1988; Cronenwett, 1985; Cutrona, 1984; Malowski, 1987; Marecki, 1979; Miller & Sollie, 1980; Wandersman, Wandersman & Kahn, 1980). Caplan (1974) proposed that professional and social support should be two separate concepts, since professionals cannot provide material support and they are not a part of the maternal social matrix. Professional or formal support may be from nurses, doctors, social workers, other health care workers and community agencies, while social or informal support is from the husband, significant other, relatives, friends, or social groups (Crnic et al, 1985; Shankoff, 1985).

The concept of social support has been discussed and defined by many researchers. However, one single definition of nursing support does not exist (Gardner, 1987) and its application to clinical practice is in the infant stage (Tilden, 1985). The literature indicates that there are two distinct sources of support, professional and social.

Based upon the work of Caplan (1964) and Hirsch

(1980), Barrera (1981) identified six categories of support: Physical assistance (sharing of tasks), intimate interaction/emotional support (expressing of feelings and personal concern), feedback (offering advice), guidance (giving information), social participation (encouraging relaxation and diversion), and material aid (money and other physical objects).

Cronenwett (1985) defined four categories of support: emotional support (love, caring, trust or concern), material support (direct help through gifts of money, help with household chores), informational support (receiving of information), and comparison support (sharing of ideas and feelings with someone who has had similar experiences).

Despite the difference in classification of the various types of support available, they all encompass the psychological, emotional, physical and social needs of individuals. Whether the support is provided by professional or social sources, it assists mothers in the transition to motherhood. How the mother rates the effectiveness of support she receives may be more dependent on her perception of the helpfulness of the support rather than on what the actual support is (Cohen & Wills, 1985; Wethington & Kessler, 1986). For support to be perceived as helpful, it must be congruent with the mother's perception of her need (Brownell & Shumaker, 1985; Bruhn & Phillips,

1984; Hilbert, 1984). The perception of support as helpful or not may be influenced by the mother's personal characteristics, her willingness to accept help, her physical, psychological and social functioning at the time and by the person offering the support (Brownell & Shumaker, 1985; Bruhn & Phillips, 1984; Norbeck, 1981; Sulls, 1982; Tilden, 1985). Support that is viewed as helpful lessens feelings of insecurity and eases maternal adjustment. Ball (1981) advocated quality support over quantity. With quality support, answers, reassurance and assistance are provided and the transition to motherhood is made easier.

Through support new mothers can receive direct instruction in accomplishing skills, information on what to expect as the baby adjusts to the new environment and tips on how to cope. It may also include answers to the mothers' many questions about the baby, herself, her partner and household chores and reassurance that she is doing fine. With this support the mother will prevent or resolve concerns and the transition to motherhood should be easier.

Curry (1983) examined variables related to adjustment to motherhood. She recruited 20 healthy primiparous mothers, who planned to breast feed, during the third trimester of their pregnancies. At 36 hours following delivery she observed the mothers breastfeeding and asked

them questions about labor and delivery. At three months postpartum the mothers were again observed playing with their infants and were interviewed. Results indicated those women who had previous experience with infants adjusted more readily. The difficult adapters perceived the first week at home as traumatic and they were less likely to have had support during this time. This may have contributed to their difficulties in adjusting. These mothers also perceived their husbands as too busy to help. It is interesting to note that 80% of the women in Curry's study desired to have contact from a nurse at home.

Majewski (1987), using Barrera's (1981) framework for social support, investigated who was most supportive to new mothers in their transition to motherhood. The sample consisted of 86 primiparae who were married, fairly well educated and who had healthy pregnancies and newborns. Data were collected over an eight month period through interview and questionnaires which focused on transition and support. Results indicated that spouses were the most supportive and this support was mainly physical assistance (89.3%). Emotional support was received from spouses by 25% of the mothers while appraisal support was received by 12%. The fact that the sample was married women would have contributed to the spouse being named the most supportive person. Transition was easier for those mothers who

identified the spouse as supportive.

In a previously discussed study by Brouse (1988) results indicated that family support, mainly from mothers, was available to most of the subjects and was helpful for their concerns. Professional support was received from doctors who saw the mothers for their postpartum check during the second week postpartum and not the traditional sixth week. Also the community health nurse visited between the first and second week after delivery. The ease of transition for this homogeneous sample may have been partly due to the high rate of support. Variables that may have contributed to a difficult transition were not present, e.g., lack of support, complications of pregnancy or a premature newborn.

Summary

The literature review supports the more recent view of the postpartum period as a time of transition that requires new mothers to make adjustments rather than a time of crisis. Researchers have reported that mothers have concerns and that these concerns differ in intensity and change over time. Much of the research on maternal concerns has focused on the period from one week to six weeks postpartum. These concerns may interfere with the mother's

ease of adjustment to motherhood. There is a dearth of literature on the maternal concerns of healthy primiparous mothers during the first 48-72 hours at home and the frequency and intensity of these concerns. An examination of the maternal concerns in this time period as well as the support available to new mothers may determine client needs and help establish the necessity of early public health nursing support.

The first 48-72 hours could be crucial to the successful transition for mother and infant. This specific time period has not been addressed in the literature to any extent and it is during this time period that decisions are made that could have lasting effects on the mother, such as the decision to cease breastfeeding because of difficulties that may have been resolved with support. Social and professional support have been reported to be valuable assets to new mothers in coping with concerns and adjusting to motherhood.

CHAPTER III

Methods and Procedures

Research Design and Sample

An exploratory descriptive methodology was used to identify the postpartum concerns of primiparous mothers and the supports used by the mothers in coping with these concerns.

Sample

The sample consisted of 41 primiparous mothers who delivered their babies on the maternity units in two tertiary care hospitals. The sample was a purposive sample and was selected based on the following criteria:

1. Mothers aged 17 years and over
2. Uneventful first pregnancy
3. Vaginal delivery
4. Full term baby with Apgar scores of 8-10 at birth
5. Uncomplicated postpartum course for mother and baby
6. Mother and baby discharged home between the third and fifth day postpartum
7. Mother living with husband or significant other only (nuclear family), and residing within a 100 km radius of the city.

Mothers who met the above criteria were selected over a ten week period from the maternity units in the two hospitals. A total of 51 mothers met the criteria. However, nine were discharged from hospital before the researcher was able to make contact. One refused to participate.

Setting and Procedure

Mothers who met the criteria were approached on their second day postpartum by a registered nurse from the respective maternity units, whose assistance was requested by the researcher in cooperation with unit supervisors. The nurse asked the mother if she would agree to have the researcher visit her and gave her the explanation sheet about the study which the researcher would discuss with her. After the researcher obtained the names of the mothers who agreed to be visited, an initial visit was then made to the maternity unit. The mothers' charts were reviewed to confirm that the mothers met the selection criteria and a visit was made to each potential participant. The mother was asked if she understood the study and what her participation would entail. If she then agreed to proceed, a written consent was obtained. She was advised that the researcher would contact her by telephone after she had been home approximately 24 hours to make an appointment for the home visit which would take place within 48 to 72 hours.

of hospital discharge. The researcher checked the date of discharge by contacting the maternity unit on the day the mother had previously indicated she expected to go home.

A home visit was made at the mother's convenience within 48 to 72 hours following discharge. For 31 mothers data collection was conducted in the mother's home. For ten of the mothers a home visit was not convenient during the required time period mainly because of visitors or outside appointments. These mothers were interviewed by telephone within the specified time frame and at the convenience of the mother. In all instances the researcher read the questionnaire to the mother and elicited her responses.

Data Collection and Analysis

Instrument

The tool used for data collection was a questionnaire that had been designed by the researcher (Appendix A) and was an adaptation of the instrument used by Gruis in her 1974 study (Appendix B). Not all of the categories identified by Gruis (1974) were included mainly because of the difference in the time frame of the study. Additional categories were created based on the results of studies by Adams (1963), Brouse (1988), Fillmore and Taylor (1976), Melchior (1975), Rhode and Groenjes-Finke (1980) and from personal/professional experience.

The questionnaire was divided into two parts: Part A consisted of 25 questions which collected information on the demographic variables of the mother as well as on her pregnancy, labor and delivery, newborn infant and postpartum period in hospital. Part B consisted of direct question and fixed-response answers with an open-ended question after each category of concern to allow for comments about the concern. This part consisted of 34 questions of which 24 were mainly multiple-choice and consisted of two components: 1) the concerns of new mothers and 2) the source of support used by the mother for help with her concern. Of these 24 questions, 10 were related to concerns mothers had about themselves: 1) tiredness/fatigue, 2) disturbances in sleep, 3) dietary problems, 4) bowel problems, 5) urinary problems, 6) problems with vaginal discharge, 7) problems with episiotomy, 8) problems with afterpains, 9) breast problems, and 10) crying episodes. Ten questions were related to concerns about the infant: 1) lack of knowledge re bowels, 2) lack of knowledge re umbilical cord, 3) sleeping pattern, 4) crying episodes, 5) lack of knowledge re bottle feeding, 6) lack of knowledge re burping, 7) lack of knowledge re urinary function, 8) infant bathing, 9) infant handling, and 10) breast feeding. The four remaining questions were related to concerns about housework,

wife/mother roles and the presence of visitors. The remaining 10 questions were general and summarized the support the mothers did or did not receive and overall how the initial time period at home had been for the mothers.

Because of the differences between breast feeding and bottle feeding, it was decided to separate concerns about the breasts according to the method of infant feeding.

A Likert-type scale was constructed to assess the degree or intensity of the concerns. Each category was rated: 1 for slight concern, 2 for moderate concern and 3 for great concern. In addition, the sources of support used by the mother for each concern were identified and rated as being either helpful or not helpful.

The instrument was designed to measure qualitative ordinal data (Abdellah & Levine, 1986). "Qualitative" means the concern categories were distinguished from each other by distinct characteristics. "Ordinal" means the categories were ranked according to some criterion. In this case the criterion was intensity or degree of concern. The Likert scale is an ordinal scale and the assigning of numbers to the degree of concern on this scale does not imply any relationship between the numbers, e.g., a score of two is not twice as intense as a score of one.

In both the home and telephone interviews the data collection was completed within 30-45 minutes.

Reliability and Validity

To check for face and content validity, experts in the field of maternal child nursing and research were consulted as well as the literature on the areas to be studied. In addition a pre-test was conducted using three subjects who met the criteria for admission to the study to check whether the items on the questionnaire addressed the concerns. There were no problems with the content of the questionnaire. The three subjects in the pre-test were not included in the study as the researcher had answered questions the mothers had during the administration of the questionnaire instead of after completion.

The reliability of the instrument was not addressed. Test-retest could not be assessed because the study had to be conducted during the first 48-72 hours following hospital discharge. Internal reliability was not measured as the instrument was measuring different concerns.

Data Analysis

Analysis of the data collected consisted of seven steps: 1) coding of the data, 2) calculation of frequencies of concerns and their intensity, 3) scoring of individual mother's concerns, 4) crosstabulations of scored data, 5) compilation of qualitative responses, 6) calculation of frequency of available support and 7) calculation of frequency of utilized support.

1. Data were coded and entered into a computer using a Statistical Package for the Social Sciences (SPSSX). The raw data for each mother were also transferred to a master data sheet according to the following categories: maternal age, marital status, occupation, educational level, attendance at prenatal classes, labor and delivery, baby's sex, attendance at postpartum classes, hospital where the baby was born, maternal-self concerns, newborn infant-related concerns, situational concerns and other relevant information.

2. From this master sheet the concerns were divided according to maternal-self, newborn infant and situation. For each of these groupings frequencies were obtained. The frequency and intensity of the maternal concerns were first determined and then ranked in descending order of frequency. These frequencies gave an overview of the concerns and their intensity for the sample.

3. As the frequency of responses to the individual options of the questions was low, for further analysis of the data the overall concern category (e.g., bowel problems) was used instead of the various options (i.e., constipation, hemorrhoids, or diarrhea) within the category. To determine how each mother's concerns compared with that of the other mothers, a score was assigned to the responses on the degree component of the concern question.

From this scoring scheme a total concern score for each mother was calculated. As the total concern scores were ordinal data, the median was the appropriate test of central tendency to use to determine how the mothers should be grouped for comparison (Polit & Hungler, 1987). Those mothers with total concern scores below the median were placed in one group (20 mothers) and those above the median a second group (20 mothers). One of the three mothers who had the median score was randomly removed from further analysis.

4. The mothers provided qualitative data in addition to what was asked in the fixed-response questions on the questionnaire. The qualitative responses of the mothers were compiled and are presented with the frequencies and intensity of the concerns.

5. Crosstabulations using the Statistical Package for the Social Sciences (SPSSX) were carried out on the group of mothers with low scoring on the items in the questionnaire. This was repeated for the group of mothers with high concern scores and the results for each group were compared.

6. In the questionnaire, mothers were requested to identify from a list of possible resources which sources of support would be available to provide support if needed. Using the master data sheet, the frequency of the available

support was determined. This support was then divided into two types of support: social and professional and ranked in descending frequency.

7. Using the raw data on the master data sheet, the support that mothers actually utilized was determined. The frequency of the source of support and the concerns for which this support was obtained was calculated.

Ethical Considerations

The proposal for this study was submitted to the Memorial University of Newfoundland School of Nursing Human Subjects Review Committee and the Human Investigation Committees of the institutions from which the sample was to be selected. Permission from these committees to start the data collection was requested (Appendix D) and granted.

The subjects were assured during the initial contact with the researcher that the information provided by them would be kept anonymous and confidential (Appendix C and Appendix E). The completed questionnaires were available only to the researcher, and all data that might lead to the identification of the mothers were destroyed upon completion of the analysis. Mothers were advised a copy of the research would be available at Memorial University of Newfoundland library should they wish to see the results.

CHAPTER IV

The Results

The findings of this study will be presented in two parts. Part A consists of the characteristics of the mothers and babies in the sample, including information on the labors and deliveries, the educational preparation of the mothers for birth and childcare and information related to the hospital discharge and home setting. Part B will identify and describe the mothers' concerns and the intensity of those concerns; the individual mother's concerns and their intensity; the support available to these mothers and their utilization of that support.

Part A

Characteristics of the Sample

Forty-one mothers who met the selection criteria were admitted to the study. Thirty-nine (95%) of the mothers were married and two (5%) were living with a partner. The mothers' ages ranged from 20-31 years with a mean of 25 years (SD 3.081). Twenty-nine (71%) mothers had either partially or fully completed post secondary education, while seven (17%) mothers completed high school and only five (12%) mothers had a grade ten or less education. All mothers in the study had worked outside the home, with

39% of the occupations being clerical and 22% professional (Figure 2).

Labor and Delivery and the Infant

Labor started spontaneously for 37 mothers (90% of the sample). Length of labor, as reported by the mothers, was 2-72 hours with a mean of 11 hours (SD 11.889). All 41 mothers had their partners with them during labor. Mothers were asked how they felt about the labor and delivery experience: eight (20%) mothers indicated it was a very bad experience, seven (17%) said it was somewhat bad, four (10%) mothers were neutral, while 11 (27%) reported labor and delivery as a somewhat good experience and 11 (27%) mothers felt it was a very good experience. The postpartum course for all mothers was uneventful.

The 41 infants were born over a ten week period and were healthy at birth. Twenty (49%) infants were born at hospital A and 21 (51%) were delivered at hospital B. The sample included 28 male and 13 female infants. The neonatal course for all infants was uneventful.

Both hospitals offered rooming-in, with all mothers having their infants with them for various periods during the day. Rooming-in at night was available at the mother's request.

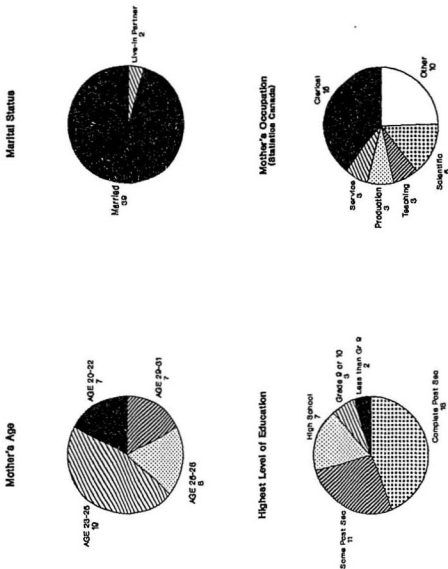


Figure 2 Selected Characteristics of Sample

Number of Mothers (n=43)

Birth and Childcare Education

Thirty-two (78%) of the mothers attended prenatal classes with 24 (75%) of these mothers attending five to eight of the eight session program (Figure 3). Thirty-one mothers had their partners attend these classes with them. One father had work schedules which prevented his attendance and a friend accompanied this mother to class. Of the nine mothers who did not attend class one was unaware of the availability, one felt they would not be helpful, two stated that the time for class was inconvenient while five reported they did not have any specific reason for not attending.

In both hospitals, postpartum classes on infant feeding (breast and bottle), infant care and maternal exercise were offered to mothers. One hospital also offered a class on family planning. Thirty mothers or 73% of the sample attended these classes, with 97% (29) of these mothers attending an infant care class and 93% (28) of them attending an infant feeding class.

Eleven mothers (22%) did not attend any of the postpartum classes. Reasons given for non-attendance were inconvenient class time (two mothers) and unaware of availability of the classes (nine mothers) (Figure 4).

Hospital Discharge and Home Setting

The 41 mothers in the sample were discharged from

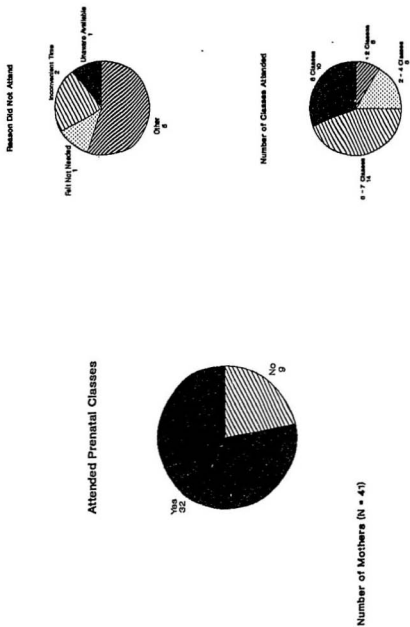
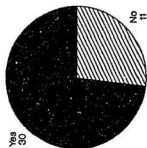


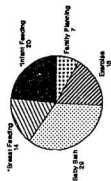
Figure 3 Attendance at Prenatal Classes

Attendance at Postpartum Classes



Number of Mothers (N = 41)

Classes Attended



48 mothers attended both feeding classes

Reason Did Not Attend



Figure 4. Attendance at Postpartum Classes

hospital between the third and fifth days postpartum and all of the mothers indicated they felt ready to go home at that time. However, at the time of the post-discharge interview five mothers (12%) felt they had not been adequately prepared for what had been happening at home. Of these five mothers four had attended prenatal classes and all had attended postpartum classes.

When the mothers in the sample were contacted by telephone to make an appointment to complete the questionnaire, 10 (24%) of the mothers indicated a home visit during the stipulated time frame of 48-72 hours post hospital discharge was inconvenient due to outside commitments or house guests. Therefore the questionnaire was administered by telephone to these 10 mothers.

At the completion of the questionnaire mothers were asked if they had been contacted by a public health nurse since they had been home. Of the 41 mothers interviewed, 15 (37%) had been visited by a public health nurse, 7 (17%) had received a telephone call, while 19 (46%) had had no contact from a nurse.

Part B

The results of the analysis of the items in the questionnaire related to postpartum concerns will be presented in four sections. Section I includes a

description of maternal concerns and the degree to which the mothers were concerned, with three sub-categories: self concerns, infant-related concerns and situational concerns. Section II addresses the individual mother's concerns and the intensity of her concerns. In Section III are the results of the analysis of the mothers' responses to the type of support available, with Section IV examining the mothers' utilization of support. (It should be noted that in the results where referring to numbers as percentage could cause confusion, the percentage has been omitted.)

Section I: Description of Maternal Concerns and Their Intensity

Self-concerns.

Thirty-six mothers (88%) reported having concerns about themselves (questions 1-11, Appendix A), with the intensity of these concerns varying in degree. Some mothers reported more than one concern in the overall categories of concern. The concerns will be presented in order of frequency starting with the most frequent concerns: 1) breast problems, 2) bowel problems, 3) sleep disturbances, 4) fatigue, 5) crying episodes, 6) dietary problems, 7) episiotomy, 8) vaginal discharge, 9) afterpains and 10) urinary problems.

1. Breast Problems

Breast problems were reported by 16 (39%) of the mothers in the sample. Mothers with breast related concerns were divided into those breast feeding and those bottle feeding. Seven of the 16 mothers with breast problems were breast feeding and nine were bottle feeding. In total, there were 14 breast feeding mothers and 27 who were bottle feeding.

Seven of the 14 breast feeders expressed concern over breast problems (50%), with sore nipples and milk leakage being the most frequently reported concerns (Table 1). For most mothers the degree of concern was slight. However, of the seven mothers, four expressed moderate concern, with sore nipples being the most prevalent moderate concern (Table 2).

In comparison, nine (33%) of the 27 bottle feeding mothers in the sample expressed some degree of concern, with painful breasts being the most prevalent concern (Table 1). Bottle feeding mothers, when they had concerns, were more frequently moderately or greatly concerned (Table 2).

Some of the mothers made comments about their breast problems. One bottle feeding mother who was moderately concerned stated that the engorgement was "uncomfortable and hurt to hold the baby". Another bottle feeding mother

Frequency of Breast and Bottle Feeding Mothers With Breast Problems *

Maternal Concerns	Frequency	
	n	%
Breast Problems (N=41):	16	39
When breast feeding (n=14)	7	50
engorgement	3	21
sore nipples	5	36
flat nipples	2	14
leaking breast milk	4	29
When bottle feeding (n=27)	9	33
engorgement	7	26
painful breasts	9	33
leaking breast milk	8	30

* Note. Mothers may have chosen more than one concern in each category

who was slightly concerned said that the engorgement "was going down but was very painful in hospital". Breast feeding mothers indicated they had received information on possible breast discomforts and expected to have some engorgement and leaking of breast milk, thus were not overly concerned.

2. Bowel Concerns

Sixteen (39%) mothers in the sample reported bowel

related concerns. Hemorrhoids and constipation were the most prevalent concerns with 11 (27%) and seven (17%) mothers respectively expressing these concern (Table 3). Of the 16 mothers who reported bowel related concerns, six expressed moderate concern while the remaining mothers were

Table 2

Frequency of Intensity for Breast Concerns *

		Frequency of Intensity					
		Slight		Moderate		Great	
Maternal Self-Concerns	n	n	%	n	%	n	%
Breast problems:							
When breast feeding							
engorgement	3	2	67	1	33	-	-
sore nipples	5	3	60	2	40	-	-
flat nipples	2	2	100	-	-	-	-
leaking breast milk	4	3	75	1	25	-	-
When bottle feeding							
engorgement	7	3	43	2	29	2	29
painful breasts	9	4	44	2	22	3	33
leaking breast milk	8	4	50	2	25	2	25

* Note. Mothers may have chosen more than one concern in each category

Table 3

Frequency of Mothers Expressing Self Concerns (N=41)*

Maternal Self-Concerns	Frequency	
	n	%
Bowel Problems	16	39
constipation	7	17
hemorrhoids	11	27
diarrhea	2	5
Disturbances in sleep	13	32
Tiredness/Fatigue	11	27
sometimes	6	15
frequently	3	7
tired all day	2	5
Crying episodes	10	24
sometimes	8	20
frequently	2	5
Dietary problems	9	22
loss of appetite	7	17
little time to eat	1	2
lack of knowledge re diet	4	10
Problems with episiotomy	9	22
difficulty walking	4	10
pain on sitting	6	15
lack of knowledge re cleansing	5	12
Problems with vaginal discharge	7	17
amount of lochia	5	12
color of lochia	6	15
type of lochia	3	7
Problems with afterpains	6	15
Urinary problems	6	15
frequency	1	2
difficulty with urination	5	12
oliguria	1	2

* Note. Mothers may have chosen more than one concern in each category

slightly concerned. Seven of the mothers who were slightly concerned about bowel problems stated they were not greatly concerned, as they had obtained prescriptions for their problem(s) prior to hospital discharge, and their bowel problems were improving.

3. Sleep Concerns

Sleep disturbances were a concern for 13 (32%) of the sample. These mothers were either having difficulty in getting sleep due to the baby not sleeping or were unable to get back to sleep after feeding the baby during the night. Two mothers were moderately concerned, two were greatly concerned while the other nine mothers were only slightly concerned (Table 4).

Comments mothers made about their inability to obtain a good night's sleep varied. The two mothers who were greatly concerned about their lack of sleep stated "I'm up just about all night, not able to sleep" and "I can't get back to sleep and I won't let my husband get up as he needs his sleep for work". A mother moderately concerned stated she was "not getting much sleep, the baby is up a lot, I'm getting run down". Five of the slightly concerned mothers made these comments: "I'm very sensitive to the baby's noises", "I can't get back to sleep" (after feeding), "it's upsetting", "I miss a good night's sleep", "the baby is

Table 4

Frequency of Intensity for Maternal Self-Concerns (N=41)*

	Mothers Reporting Concerns	Frequency of Intensity					
		Slight		Moderate		Great	
Maternal Self-Concerns	n	n	%	n	%	n	%
Bowel problems							
constipation	7	5	71	2	29	-	-
hemorrhoids	11	7	64	4	36	-	-
diarrhea	2	2	100	-	-	-	-
Disturbances in sleep	13	9	69	2	15	2	15
Tiredness/Fatigue							
sometimes	6	5	83	1	17	-	-
frequently	3	2	67	-	-	1	33
tired all day	2	2	100	-	-	-	-
Crying episodes							
sometimes	8	5	63	1	13	2	25
frequently	2	-	-	1	50	1	50
Dietary problems							
loss of appetite	7	6	86	-	-	1	14
lack of time to eat	1	1	100	-	-	-	-
lack of knowledge re diet	4	4	100	-	-	-	-
Problems with episiotomy							
difficulty walking	4	2	50	1	25	1	25
pain on sitting	6	3	50	2	33	1	17
lack of knowledge re cleansing	5	4	80	1	20	-	-
Problems with vaginal discharge							
amount of lochia	5	2	40	3	60	-	-
color of lochia	6	2	33	4	67	-	-
type of lochia	3	2	67	1	33	-	-

(table continues)

	Mothers Reporting Concerns	Frequency of Intensity					
		Slight		Moderate		Great	
Maternal Self-Concerns	n	n	%	n	%	n	%
Problems with afterpains	6	5	83	-	-	1	17
Urinary problems							
frequency	1	-	-	-	-	1	100
difficulty with	5	4	80	-	-	1	20
urination							
oliguria	1	1	100	-	-	-	-

* Note. Mothers may have chosen more than one concern in each category

restless between one and four, I'm getting no sleep, it may get to be a problem" and "I'm getting about four hours [of sleep] ... it will be worse if it keeps up". Other mothers indicated they were napping during the day and therefore were not overly concerned about not sleeping at night. These mothers frequently stated they had expected their sleep to be disturbed.

4. Fatigue Concerns

Eleven (27%) of the mothers reported being concerned about fatigue. Six (15%) of these mothers expressed concern over being tired sometimes during the day (Table 3). However five of the six mothers were only slightly concerned (Table 4). Five of the nine mothers who were

slightly concerned about being tired were also concerned about the amount of sleep they were getting. The one mother greatly concerned with fatigue was greatly concerned with lack of sleep while the mother greatly concerned with fatigue was not concerned about her sleep. Comments the mothers made about their tiredness included: "I feel more tired when I'm alone", "I'm hoping to get over it soon (being tired all day)", "I'm moody when tired", "it's an adjustment" and "it's getting tiring now (being tired sometimes)".

5. Crying Episodes

Occasional maternal crying episodes were a slight concern for five of the eight mothers in the group which identified crying as a concern, while frequent episodes of crying were a moderate and great concern for two mothers in this group (Table 3). One reason given by a greatly concerned mother for crying was because she did "not like it when baby cries". Other mothers both slightly concerned and with no concern indicated they had expected to be crying sometimes and that it was "normal" for mothers to cry.

6. Dietary Problems

Of the nine (22%) mothers who expressed this as a concern, only one was greatly concerned. This mother was concerned about not eating and said "I haven't got energy

to do things". Four of the mothers who were slightly concerned about their loss of appetite made these comments: "I have to force myself to eat", "I need it (food) to regain strength", "I'm afraid I may get sick" and "I'm afraid I will get weaker".

7. Episiotomy

Nine (22%) mothers had some degree of concern over their stitches (Table 4). One mother who was greatly concerned about her episiotomy was afraid "it may be infected". Mothers for whom this was not a concern commented that they had received a good explanation about care of the episiotomy while in hospital.

8. Vaginal Discharge

There was a low frequency of concern related to vaginal discharge with seven (17%) mothers reporting concern. The degree of concern was either slight or moderate. One mother was moderately concerned about the presence of clots in the discharge. She said "I'm not sure why, so I'll tell the doctor". A second mother moderately concerned stated "I thought it would have changed color by now". Most mothers stated they had expected the lochia to be as it was, as this was one of the topics that had been explained in hospital.

9. Problems With Afterpains

Six mothers complained of afterpains. Five of these

mothers were breast feeding and indicated they expected to have afterpains during feeding, and therefore were only slightly concerned. The one mother who was bottle feeding was greatly concerned about afterpains and was "afraid something is wrong".

10. Urinary Concerns

Voiding difficulties were reported by six (15%) mothers with five of them only being slightly concerned (Table 3). The one mother who was greatly concerned commented that she "may have an infection, I'm watching it for now".

Infant-related concerns.

The majority of mothers (36 or 88%) reported varying degrees of concern about their newborn infants (questions 12-21, Appendix A). The concerns will be presented in order of frequency from most to least frequent and under the following concern headings: 1) bowel concerns, 2) umbilical cord concerns, 3) sleeping pattern, 4) newborn crying, 5) infant feeding and 6) physical care (Table 5).

1. Bowel Concerns

Over half of the mothers in the sample, (23 or 56%) expressed concerns over their lack of knowledge about infant bowel function. The main concerns being frequency of bowel movements and possible constipation, gas pains and

Table 5

Frequency of Mothers Expressing Infant-Related Concerns
(N=41)*

Infant-Related Concerns	Frequency	
	n	%
Lack of Knowledge re Bowels	23	56
frequency of movements	18	44
treatment for gas pains	12	29
normal consistency and color	11	27
Lack of Knowledge re Umbilical Cord	12	29
frequency of cleansing	8	20
method of cleansing	7	17
how to protect	6	15
when it will fall off	5	12
Sleeping Pattern	10	24
does not sleep well at night	5	12
awake for long periods	2	5
not sleeping much, cries often	2	5
need to always be checking	1	2
Crying Episodes	9	22
frequently	9	22
Lack of Knowledge re Burping	7	17
how to cope with spitting	5	12
hold to hold newborn	2	5
when to burp	2	5
coping with failure to burp	2	5
Lack of Knowledge re Bottle Feeding	5	12
how to sterilize bottles	3	7
when to prepare formula	2	5
amount of formula to give	1	2
type of formula to use	1	2

(table continues)

Infant-Related Concerns	Frequency	
	<u>n</u>	<u>%</u>
Lack of Knowledge re Voiding	3	7
cause of diaper rash	2	5
treatment for diaper rash	2	5
frequency of wet diapers	1	2
how to prevent diaper rash	1	2
Infant Bathing	3	7
lack of knowledge re bathing	2	5
lack of knowledge re hair washing	1	2
Infant Handling	3	7
lack of knowledge re positioning	3	7
Breast Feeding (n=14)	6	43
lack of knowledge re frequency	4	29
difficulty latching on	2	14
pain on breaking suction	2	14
lack of knowledge re length of feeding	2	14

* Note. Mothers may have chosen more than one concern in each category

what constitutes a normal bowel movement (Table 5). Eighteen mothers were concerned with frequency of bowel movements, eight of these were moderately and five greatly concerned (Table 6).

Gas pains were a concern for 12 (29%) of the sample with five moderately concerned and three greatly concerned. Lack of knowledge about what is considered a normal bowel

Table 6

Frequency of Intensity for Infant-Related Concerns (N=41)*

	Mothers Reporting Concerns	Frequency of Intensity					
		Slight		Moderate		Great	
Infant-Related Concerns	n	n	%	n	%	n	%
Lack of Knowledge re Bowels							
frequency of movements	18	5	28	8	44	5	28
treatment for gas pains	12	4	33	5	42	3	25
normal consistency and color	11	1	9	5	45	5	45
Lack of Knowledge re Umbilical Cord							
frequency of cleansing	8	6	75	1	13	1	13
method of cleansing	7	5	71	1	14	1	14
how to protect	6	5	83	1	17	-	-
when it will fall off	5	4	80	1	20	-	-
Sleeping Pattern							
does not sleep well at night	5	3	60	1	20	1	20
awake for long periods	2	-	-	2	100	-	-
not sleeping much, cries often	2	-	-	-	-	2	100
need to always be checking	1	-	-	-	-	1	100
Crying Episodes	9	4	44	2	22	3	33
Lack of Knowledge re Burping							
how to cope with spitting	5	2	40	1	20	2	40
how to hold newborn	2	1	50	1	50	-	-
when to burp	2	1	50	1	50	-	-
copng with failure to burp	2	2	100	-	-	-	-

(table continues)

	Mothers Reporting Concerns	Frequency of Intensity					
		Slight		Moderate		Great	
Infant-Related Concerns	n	n	%	n	%	n	%
Lack of Knowledge re							
Bottle Feeding							
how to sterilize bottles	3	-	-	2	67	1	33
when to prepare formula	2	-	-	2	100	-	-
amount of formula to give	1	1	100	-	-	-	-
type of formula to use	1	-	-	1	100	-	-
Lack of Knowledge re Voiding							
cause of diaper rash	2	1	50	1	50	-	-
treatment for diaper rash	2	1	50	1	50	-	-
frequency of wet diapers	1	-	-	1	100	-	-
how to prevent diaper rash	1	-	-	1	100	-	-
Infant Bathing							
lack of knowledge re							
bathing	2	1	50	1	50	-	-
lack of knowledge re hair							
washing	1	-	-	1	100	-	-
Infant Handling							
lack of knowledge re							
positioning	3	3	100	-	-	-	-
Breast Feeding (n=14)							
lack of knowledge re							
frequency	4	3	75	1	25	-	-
difficulty latching on	2	1	50	1	50	-	-
pain on breaking suction	2	1	50	1	50	-	-
lack of knowledge re							
length of feeding	2	1	50	1	50	-	-

* **Note.** Mothers may have more than one concern in each concern category

movement was reported by 11 (27%) of the mothers studied, five moderately and five greatly concerned (Tables 5 & 6).

Of the 23 mothers who expressed concerns about their newborn's bowel movements, only two commented on their concerns. One mother's comment was that "it's not the color I expected, I'll talk to my doctor about it". The other mother who was slightly concerned about type of bowel movements stated: "others tell me it should be green".

2. Umbilical Cord Concerns

Lack of knowledge about the umbilical cord was a concern for 12 (29%) mothers (Table 5). Generally this was of slight concern. Even though mothers had some concern about caring for the umbilical cord, the majority of these indicated it had been explained very well in hospital.

3. Sleeping Pattern

Ten mothers (24%) reported being concerned over their babies' sleeping patterns, one being moderately and one greatly concerned about the baby not sleeping well at night (Table 5). Two other mothers were greatly concerned about their newborns not sleeping very much due to frequent crying (Table 6).

Three greatly concerned mothers made these comments: "I'm always checking him", "the visitors disturb him so he doesn't sleep", and "he's eating little, only sleeping one and one half to two hours at a time". Two mothers were

moderately concerned; one stated she was "afraid he is still hungry", the other mother was asking: "why doesn't he sleep". One mother said that she "wished they had told us in hospital what it would be like". While another mother stated the baby "has day and night mixed up".

4. Crying Episodes

Infant crying was a concern for nine (22%) mothers. Of these mothers, two were moderately and three greatly concerned. Of the three mothers who were greatly concerned two were "afraid something is wrong" while the other mother stated "I get nervous [when he cries], I know why he is crying but I don't like it". One moderately concerned mother said his "feeding is off a bit, I think that's why he cries". A second moderately concerned mother's comment was "I don't know why he is crying, he's not eating a lot". One mother, slightly concerned, said "gas is causing him to cry".

5. Infant Feeding Concerns

Concerns about infant feeding included burping, bottle feeding, and breast feeding. In the area of burping, seven (17%) mothers reported having concerns (Table 5). The main concern was how to cope when the newborn spits or vomits formula during a burp (five mothers). This was a great concern for two mothers, moderate concern for one and slight concern for another two mothers (Table 6).

One mother was greatly concerned because her baby was difficult to burp. She said "it started yesterday and I'm going to talk to the doctor about it". One slightly concerned mother was unsure how to cope with spitting or vomiting. She indicated this occurred "when baby drinks too fast". One positive comment from a mother was that the rooming-in experience in hospital had assisted her in learning how to burp her newborn and cope with spitting of formula.

Mothers in the sample who were breast feeding may need to supplement their infants or wean them to formula. Thus, all 41 mothers in the study were asked the question on bottle feeding. Five mothers were concerned about their lack of knowledge about bottle feeding. Two bottle feeding mothers were moderately and greatly concerned about the sterilization process and one mother was moderately concerned about length of time prepared bottles can be kept. One breast feeding mother was moderately concerned about sterilization, type of formula and length of time to keep prepared bottles. The second breast feeding mother was slightly concerned about the amount of formula to give her infant. The comments about bottle feeding were mainly in relation to not knowing what to do and the need to seek out information as necessary. However, mothers indicated they knew where to obtain the information.

The question on breast feeding was only applicable to the 14 mothers (34% of the sample) who had chosen to breast feed. Six of the breast feeding mothers reported concerns. Four mothers were concerned with how often to breast feed (Table 3). Of these four mothers, three were slightly concerned and one moderately concerned about frequency of feedings. Other concerns included: difficulty in latching onto the breast, pain on breaking suction and lack of knowledge about length of each feeding (Table 6). Mothers indicated that the procedure for breast feeding was explained well in hospital.

6. Physical Care

Concerns related to voiding and diapering, infant bathing and infant handling were not common and, when reported, they were mainly causing slight concern (Tables 5 & 6). Two of the mothers concerned with handling their infants commented on their concerns. One mother was afraid she would position her baby wrongly in the crib and she reported that she had read "there could be a crib death if baby is on his stomach". Another mother concerned with positioning commented that the "baby tends to fall on his back".

Situational concerns.

Situational concerns were reported by 21 (51%) of the

mothers in the study (questions 22-24, Appendix A). The concerns will be presented in order of frequency from most to least frequent: 1) wife/mother roles, 2) visitors and 3) housework.

1. Concerns About Wife/Mother Roles

Twelve (29%) mothers reported concerns about their roles as wives and mothers. The main concern was lack of time to be alone with their partner (six mothers). Of these mothers four were either moderately or greatly concerned (Tables 7 & 8).

Three mothers expressed moderate concern about lack of time to be alone with their partners, as well as the inability to give their partners attention. Two of these mothers said their husbands were understanding about this, while another mother said it meant an "adjustment" was necessary. One mother was more concerned about the fact that her husband could not give her attention.

Resumption of sexual relations was not reported to be a major concern at this time, only one mother reporting it to be a great concern. Another mother was greatly concerned about birth control methods (Table 7). She said "I can't take the pill, I'm not sure what to use, I'm afraid of the IUD".

Frequency of Mothers Expressing Situational Concerns (N=41)

Situational Concerns	Frequency	
	n	%
Wife/Mother Roles	12	29
no time to be with partner	6	15
unable to give partner attention	4	10
when to resume sexual relations	3	7
ability to resume sexual relations	1	2
method of birth control to use	1	2
Visitors	11	27
question & give unwanted advice	7	17
do not call before visiting	5	12
visit at inappropriate times	5	12
stay too long	5	12
Housework	4	10
trying to maintain house as usual	3	7
only doing the necessary	1	2

* Note. Mothers may have more than one concern in each category

2. Concerns About Visitors

Visitors were a concern to a varying degree for 11 (27%) mothers (Table 8). Seven of these mothers were concerned with visitors questioning what they were doing and giving unwanted advice. This caused great concern for three of these mothers. Visitors not calling before

Frequency of Intensity for Situational Concerns (N=41)

	Mothers Reporting Concerns	Frequency of Intensity					
		Slight		Moderate		Great	
Situational Concerns	n	n	%	n	%	n	%
Wife/Mother Roles							
no time to be with partner	6	2	33	3	50	1	17
unable to give partner attention	4	1	25	3	75	-	-
when to resume sexual relations	3	2	67	-	-	1	33
ability to resume sexual relations	1	1	100	-	-	-	-
method of birth control to use	1	-	-	-	-	1	100
Visitors							
question & give unwanted advice	7	2	29	2	29	3	43
do not call before visiting	5	2	40	2	40	1	20
visit at inappropriate times	5	1	20	3	60	1	20
stay too long	5	1	20	4	80	-	-
Housework							
trying to maintain house as usual	3	1	33	2	67	-	-
only doing the necessary	1	-	-	1	100	-	-

* Note. Mothers may have chosen more than one concern in each category

visiting, visiting at inappropriate times and staying too long were reported by five of the concerned mothers (Table 7).

One greatly concerned mother said that the questioning and the unwanted advice "makes me cry", while another said the visitors were "disrupting the baby". Two moderately concerned mothers were attempting to "escape" from the visitors. One mother who was slightly concerned said her "mother interferes", while another mother was "not sure how to get rid of them [visitors] when they stay too long".

3. Housework Concerns

Only four (10%) mothers expressed concern about the management of housework (Tables 7 & 8).

Section II: Individual Mother's Concerns and Intensity

In order to try to identify which mothers were experiencing more concerns or were more highly concerned, a concern index was established, as explained previously.

After each mother was assigned a concern score (Table 9), the mothers were divided into two groups; one with higher scores and one with lower scores with the median the point of separation. Both groups were then crosstabulated.

Crosstabulations of the groups according to level of education, attendance at prenatal classes, sex of the infant, hospital for delivery, attendance at postpartum

Table 9

Distribution of Mothers By Total Concern Scores (N=41)

Total Scores	Number of Mothers
1	2
2	4
3	2
4	5
5	5
* 6	3
7	3
8	1
9	5
10	1
11	2
12	2
13	1
16	1
18	1
24	2
25	1

* Note: median

classes, preparation for home, and support available as well as with the specific concerns of the mothers, revealed very little difference between the two groups of mothers. The only clear difference was in relation to maternal crying. None of the 20 mothers in the low concern group expressed this concern. This compares with 10 (50%) of the 20 mothers in the higher concern score group. The lack of any significant difference between the two groups may be explained by the fact that, as a group, these mothers had few great concerns and appeared to be adjusting well. In

addition, the strict criteria used for sample selection and the sample being a convenience sample, meant this was overall a relatively homogeneous group of well-educated mothers who were of upper socioeconomic status. Different results may be obtained if a less advantaged group of mothers were included in the sample and used for comparison.

Section III: Availability of Support/Help

The 41 mothers in the study were asked to identify which support resources were available to them. Both social and professional support was identified as available to the great majority of the mothers. Ninety-eight percent of the sample identified a partner and relatives (other than their mothers) as sources of support. Seventy-one percent had their own mothers available. All mothers in the sample indicated their doctors were available for support, while 35 (85%) mothers knew they could contact either the public health or the hospital nurse (Table 10).

Social resources

In the area of social resources, 40 of the 41 mothers reported having a partner available to provide support. The one partner that was not available was out of town. Twenty-nine mothers indicated their own mothers (the infant's

Frequency of Available Support Resources (N=41)

Resource	Frequency	
	n	%
Social Support		
partner	40	98
relative (not mother)	40	98
friend	32	78
own mother	29	71
Professional Support		
doctor	41	100
literature	40	98
public health nurse	35	85
hospital nurse	35	85
La Leche League (n=14)	10	71

maternal grandmother) were available to provide support. Six of the 12 grandmothers who were not available were living outside of the city with another grandmother living outside of the province. One grandmother still had small children at home and one grandmother was deceased.

Forty (98%) of the mothers identified relatives as available for support. These included in-laws, cousins, maternal grandmothers, fathers, brothers, aunts, sisters-in-law, mothers-in-law and sisters. Nine mothers named their sisters as available, eight mentioned their mothers-

in-law while six named sisters-in-law. There were 32 (78%) mothers who said they had a friend they could contact for support.

Professional Support Resources

Thirty five of the mothers (85%) indicated they knew they could call the public health nurse or the hospital nurse for support. The other six mothers gave various reasons why they would/could not contact one of these nurses. Two mothers indicated they did not know whom to call. Two other mothers did not want to "bother" a nurse and two mothers identified nurses in their families to whom they would turn for support.

All mothers identified the family doctor as a readily available source of support. Forty of these also indicated they had literature such as pamphlets from prenatal and/or postpartum classes and some mothers had books on breast feeding and child care. Only one mother did not have literature and she had not attended classes.

Section IV: Utilization Of Support

The results related to the support mothers received for their concerns indicated all support received was perceived by the mothers as helpful. Therefore the findings in this section will be presented under the following

headings: 1) the frequency of mothers receiving support for their concerns and 2) the type of support (social and professional) utilized.

Frequency of Support Utilized

Data analysis revealed more support was received for the infant-related concerns than for situational and maternal self-concerns (Figures 5, 6 & 7). In addition, for some categories of concerns, support was more frequently received for great concerns, with the second most frequent being for moderate concerns and the least being for the slight concerns. This pattern however, was not apparent with situational or maternal self-concerns.

1. Frequency of Support for Maternal Self-Concerns

Overall, mothers reported infrequent use of the support available for self-concerns. While 103 concerns were identified as being of some degree of concern to the mothers, support was only obtained for 21 (20%) of these (Table 11).

Further analysis of this data indicates that support was obtained for 15 (22%) slight, three (16%) moderate and three (20%) great maternal self-concerns. The three most frequent concerns reported were breast problems, bowel problems and sleep disturbances (Tables 1&3). Support was received for 31% of the breast problems, 19% of the bowel

Maternal - Self Concerns and Support Received

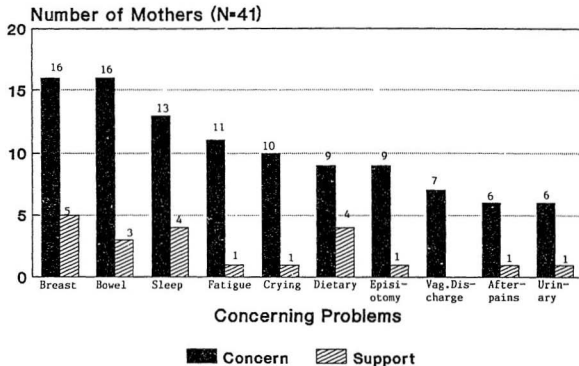


Figure 5.

Newborn Infant Concerns and Support Received

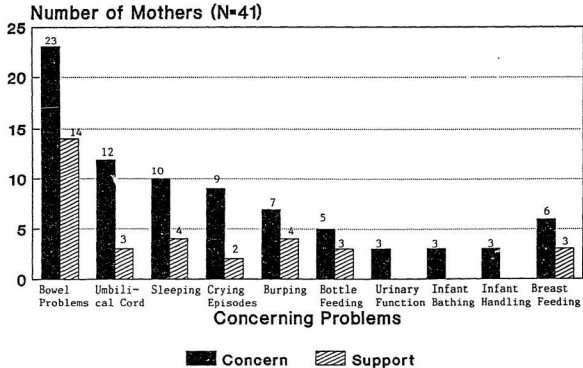


Figure 6.

Situational Concerns and Support Received

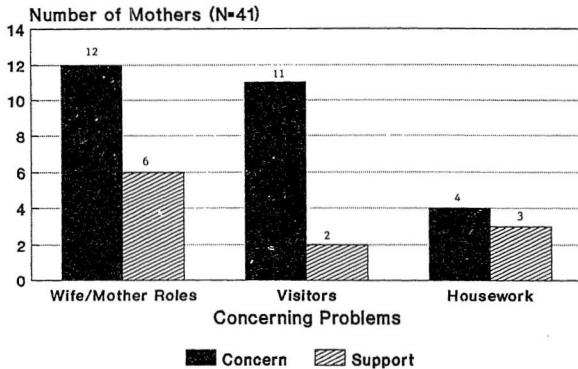


Figure 7.

Table 11

Frequency of Mothers Obtaining Support According to Concerns and Intensity

Concerns	Intensity of Concerns								
	Slight			Moderate			Great		
	Support Received								
	* X	Y	%	X	Y	%	X	Y	%
Maternal Self									
Breast problems & breast feeding	5	2	40	2	1	50	-	-	-
Breast problems & bottle feeding	4	0	0	2	1	50	3	1	33
Bowel problems	10	2	20	4	1	25	2	0	0
Disturbances in sleep	9	4	44	2	0	0	2	0	0
Tiredness/fatigue	9	1	11	1	0	0	1	0	0
Crying episodes	5	0	0	2	0	0	3	1	33
Dietary problems	8	4	50	-	-	-	1	0	0
Problems with episiotomy	6	1	17	2	0	0	1	0	0
Problems with vaginal discharge	3	0	0	4	0	0	0	0	0
Problems with afterpains	5	0	0	-	-	-	1	1	100
Urinary problems	5	1	20	-	-	-	1	0	0
Total	69	15	22	19	3	16	15	3	20
Infant-Related									
Lack of knowledge re:									
Bowels	9	3	30	9	6	67	5	5	100
Umbilical cord	10	3	30	1	0	0	1	0	0
Burping	4	2	50	1	1	100	2	1	50
Bottle feeding	1	0	0	5	2	40	1	1	100
Urinary function	2	0	0	3	0	0	-	-	-
Sleeping pattern	3	0	0	3	2	67	4	2	50
Crying episodes	4	0	0	2	1	50	3	1	33
Infant bathing	1	0	0	2	0	0	-	-	-
Infant handling	3	0	0	-	-	-	-	-	-
Breast feeding	5	3	60	1	0	0	-	-	-
Total	42	11	26	25	12	48	16	10	63
Situational									
Wife/mother roles	4	2	50	5	3	60	3	1	33
Visitors	3	1	33	5	1	20	3	0	0
Housework	1	1	100	3	2	67	-	-	-
Total	8	4	50	13	6	46	6	1	17

* Note. X=number of concerns, Y=number of concerns received support

problems and 31% of the concerns over disturbances in sleep.

The rate of support utilized for maternal self-concerns was generally not related to the degree of concern, in that the more intense the concern the more support would be utilized. The rate of support for slight concerns was slightly higher than for moderate or great concerns (Table 11).

2. Frequency of Support for Infant-related Concerns

Mothers reported using support resources more frequently for infant-related concerns. There were 83 infant-related concerns identified, with support obtained for 33 (40%) of these concerns. Support was received for 11 (26%) slight, 12 (48%) moderate and 10 (63%) great newborn concerns. The three most frequent concern areas were newborn bowel problems, umbilical cord and infant's sleeping pattern (Table 5). Mothers sought and received support for 61% of their concerns about infant bowels, for 25% of umbilical cord concerns and 40% of their concerns about their infants' sleeping patterns.

The greater the intensity of newborn concern, the greater was the use of support resources. The rate of received support was highest for great concerns (65%), less for moderate concerns (52%), with the least being received for the slight concerns (26%).

3. Frequency of Support for Situational Concerns

Situational concerns were infrequent for these mothers (Table 7); however, the rate of support received was the highest of the three main concern areas. There were 27 items cited as situational concerns and support was used for 11 (41%) of these. Mothers used support resources for four (50%) slight, six (46%) moderate and one (17%) great situational concerns. The most frequently received support was related to housework concerns (75%).

Social and Professional Support

The support the mothers received as outlined in Table 11 was either from professional or social sources. Professional support was mainly received for concerns about the infant. Of the 33 support resources used for infant-related concerns, 20 (61%) were professional. Social support was obtained for 12 (57%) of the maternal self concerns and 10 (91%) situational concerns (Table 12).

When professional support was received, nurses were the main sources of support for 55% of the concerns with the doctor being the source of support for 31% of the concerns. The nurse was the main source of support for slight infant-related concerns. The nurse was consulted six out of seven times, with the literature being mentioned as another source of support. When the degree of infant-

Table 12

Number of Mothers Obtaining Social(S) and Professional(P) Support According to Concerns and Intensity

Concerns	Intensity of Concerns								
	Slight			Moderate			Great		
	Social and Professional Support Received								
	n	s	p	n	s	p	n	s	p
Maternal Self									
Breast problems & breast feeding	2	-	2	1	-	1	-	-	-
Breast problems & bottle feeding	-	-	-	1	1	-	1	-	1
Bowel problems	2	-	2	1	-	1	-	-	-
Disturbances in sleep	4	4	-	-	-	-	-	-	-
Tiredness/fatigue	1	1	-	-	-	-	-	-	-
Crying episodes	-	-	-	-	-	-	1	1	-
Dietary problems	4	3	1	-	-	-	-	-	-
Problems with episiotomy	1	-	1	-	-	-	-	-	-
Problems with vaginal discharge	-	-	-	-	-	-	-	-	-
Problems with afterpains	-	-	-	-	-	-	1	1	-
Urinary problems	1	1	-	-	-	-	-	-	-
Total	15	9	6	3	1	2	3	2	1
Infant-Related									
Lack of knowledge re:									
Bowels	3	1	2	6	1	5	5	-	5
Umbilical cord	3	1	2	-	-	-	-	-	-
Burping	2	2	-	1	1	-	1	1	-
Bottle feeding	-	-	-	2	2	-	1	-	1
Urinary function	-	-	-	-	-	-	-	-	-
Sleeping pattern	-	-	-	2	1	1	2	2	-
Crying episodes	-	-	-	1	-	1	1	1	-
Infant bathing	-	-	-	-	-	-	-	-	-
Infant handling	-	-	-	-	-	-	-	-	-
Breast feeding	3	-	3	-	-	-	-	-	-
Total	11	4	7	12	5	7	10	4	6
Situational									
Wife/mother roles	2	1	1	3	3	-	1	1	-
Visitors	1	1	-	1	1	-	-	-	-
Housework	1	1	-	2	2	-	-	-	-
Total	4	3	1	6	6	-	1	1	-

* Note. n=number of concerns for which support was received
s=social support, p=professional support

related concerns was moderate or great, mothers referred equally to the nurse or doctor. However, overall the frequency of mothers seeking support was low.

Further analysis indicates that the partner was the most frequent source of social support in that he provided support for 21 (60%) of the 35 concerns. Mothers, sisters and mothers-in-law were only used occasionally (Table 13).

Summary of the Findings

The characteristics of the sample indicates this group of mothers was a relatively homogeneous group. They were overall well educated and had been prepared for childcare through attendance at prenatal and postpartum classes.

This group of mothers had some concerns about themselves, their newborn infants and their situation at home following hospital discharge, but generally sought support if it was necessary and they knew where to get help. Generally, the most frequent and most intense concerns were related to the infant, with infant bowels being most frequently reported. Mothers who had few or no concerns reported that, in general, they had received good relevant information in the hospital and therefore expected the changes they were experiencing.

These mothers had both professional and social support systems to help them when necessary. Professional support

Table 13

Number of Mothers Obtaining Social and Professional Support for Maternal Self, Infant and Situational Concerns by Intensity

Concern Category	Source of Support											
	Social						Professional					
	* P	H	P&M	Mil	S	Sil	P&Sil	F	N	D	N&D	L
Slight Concerns												
Maternal Self	6	2	-	1	-	-	-	-	2	2	1	-
Infant-Related	1	2	-	1	-	-	-	-	6	-	-	1
Situation	3	-	-	-	-	-	-	-	-	-	-	1
Moderate Concerns												
Maternal Self	-	-	-	1	-	-	-	-	1	1	-	-
Infant-Related	1	-	-	-	2	1	-	1	3	4	-	-
Situation	4	-	-	-	1	-	1	-	-	-	-	-
Great Concerns												
Maternal Self	1	-	1	-	-	-	-	-	1	-	-	-
Infant-Related	3	-	-	1	-	-	-	-	3	2	-	1
Situation	1	-	-	-	-	-	-	-	-	-	-	-

* Note. P=partner, M=own mother, P&M=partner and mother, Mil=mother-in-law, S=sister, Sil=sister-in-law, P&Sil=partner and sister-in-law, F=friend, N=nurse, D=doctor, N&D=nurse and doctor, L=literature

was mainly used for infant related concerns with nurses providing support more frequently than doctors. Social support was mainly used for self and situational concerns with the mother's partner being the most frequent source of support.

CHAPTER V

Discussion of The Results

The conceptual framework for this study suggests that changes occur during the early postpartum period that give rise to concerns for the new mother. However the degree of concern may be mediated by the mother's support network. Thus, the purpose of this study was to describe the maternal concerns of primiparous mothers during the first 48-72 hours following hospital discharge and their sources of support. This time period was chosen because it was felt that the initial time period at home could be a particularly difficult period of adjustment for new mothers.

On examining the characteristics of the sample, it is clear that the 41 mothers in the study were a fairly homogeneous group. All mothers were between the ages of 20-31 years, in stable relationships, had healthy pregnancies, vaginal deliveries of apparently healthy infants and uneventful immediate postpartum periods. They were fairly well educated as 36 (88%) had completed high school and 29 of them had attended or completed post-secondary education. They were all employed prior to childbirth and were of middle to upper socio-economic status. The mothers in the present study had a high attendance rate at prenatal (78%) and postpartum (73%) classes. The fact that these mothers

were well educated and financially secure may have been factors that influenced them to seek education for childbearing in preparation for motherhood. Kitzinger (1987) acknowledged it was the middle class family who mainly attended prenatal classes.

Rooming-in was encouraged in the two institutions where the sample was selected and it was discussed at prenatal classes. Thus the fact that all mothers in this study had rooming-in for varying periods per day is not surprising.

Although the researcher had not intended the sample to show similar characteristics in terms of socio-economic status, level of education, and attendance at prenatal and postpartum classes, this was the group of mothers who qualified for sample selection. Although some researchers (Hopkins, 1987) advocate the use of a homogeneous sample to minimize extraneous sources of influence, nevertheless the limitations of this type of sample are recognized. A sample with more diverse demographic characteristics may give different results.

There has been much discussion in the literature about the early postpartum period. Some writers have viewed childbirth as a time of crisis (Dyer, 1963; Hobbs, 1965; LeMasters, 1957). Others have taken a more moderate view and focus on it as a time of transition where challenges

can be handled successfully (Hobbs & Cole, 1976; Miller & Sollie, 1980; Celotta, 1982).

The results of this study supported the latter view. Although the time period immediately following hospital discharge after childbirth, can give rise to maternal concerns to varying degrees, the frequency and intensity of maternal concerns for this group of mothers were not high and the mothers were coping well.

Two known factors may have influenced the frequency of maternal concerns in the initial period at home. These are: 1) high attendance at prenatal and postpartum classes and 2) rooming-in experience. Previous researchers have noted the importance of education in helping mothers in their adjustment to home (Adams, 1963; Brown, 1967; Bull, 1981; Gruis, 1977; Jordan, 1973; McKenzie, 1982; Miller & Sollie, 1980; Moss, 1981; Stanwick, Moffat, Robitaille, Edmond & Dok, 1982). Childbirth education and rooming-in also decrease the need for instruction and reassurance during the first week at home (Jordan, 1973). Mothers in this study did acknowledge the fact they had expected various changes to occur and as a result they were not concerned about them. This expectation may have resulted from information received through classes, reading, and/or individual contact with health care professionals and other mothers. Another factor that may influence the perception

of maternal concerns and which was not assessed in this present study is previous experience with infants.

During the first 72 hours following hospital discharge the most frequent concerns expressed by the mothers in this present study were related to the infant, followed by concerns related to the maternal-self and the postpartum situation at home. Of the concerns about the infant, the most frequent were related to infant bowel function (56%). Mothers indicated they did not know what to expect, what was considered to be normal and how to deal with suspected constipation or gas pains. Bowel activity is a normal physiological function and may indicate to the mother that her newborn is healthy. When bowel function is not what the mother expects it to be and if the infant seems to be in pain, she does not know what to do and she becomes concerned. Problems with the infant's physiological and behavioral responses may affect the mother's perception of her care-taking ability (Adams, 1963).

Some mothers were concerned about their infants' sleeping pattern and would get upset when the newborn's sleeping pattern was not what they had expected. Concern at two-three days after discharge may be an indication that they did not understand that the infants would need time to adjust to extrauterine life. Following nine months of an intrauterine environment the infant's senses must quickly

adjust to the hospital environment and its stimuli and, within three days the home environment and its different stimuli. Hawkins and Gorvine (1985) supported the need for parents to be aware of the fact that time is necessary for infants to develop circadian rhythms that would be in tune with those of the family.

Other mothers were concerned about infant crying. O'Driscoll (1989) found that mothers in her study had not received information on infant crying through childbirth classes, thus may not be adequately prepared to deal with crying.

The most frequent maternal-self concerns were related to breast problems and bowel functioning. The physiological functioning of the lactating breast can cause discomfort for the mother whether she is breast feeding or not. Half of the mothers who were breast feeding reported slight to moderate concerns, while one third of the bottle feeding mothers were slightly, moderately or greatly concerned. Mothers were discharged home on the third postpartum day before lactation was fully established for the breast feeding mother and when engorgement may have become a problem for the bottle feeding mother. The fact that a few of the bottle feeding mothers were greatly concerned may be an indication that the mothers were unprepared for the discomfort that could arise from engorgement and how to

alleviate it. However, concerns about the breasts would not be unexpected during this time period.

Of the 41 mothers in this study, 39% were concerned about their bowels. Following childbirth, it may take bowel function several days to return to normal and hemorrhoids may have occurred during childbirth. Thus constipation and hemorrhoids were common concerns for these mothers.

Other concerns expressed by the mothers included: visitors arriving too soon after they returned home, adding to their feeling of tiredness; and difficulty in sleeping due to worrying about the infant or getting up at night for feedings. One mother even felt left out when her husband paid attention to the infant and not to her.

A review of the previous research indicates that overall, maternal concerns of primiparous mother early in the postpartum period focus on the physiological needs of mother and infant as well as the behavioral needs of the infant (Rhode & Groenjes-Finke, 1980; Sumner & Fritsch, 1977).

The findings of the present study are similar to previous studies conducted during the early post discharge period, but are not consistent with studies conducted later in the postpartum period. The later studies suggest maternal concerns change over time. As Bull (1981) indicated, the concerns of mothers are an indication of her

needs at a given time. As time passes the focus of concern changes from the infant to the mother, such as finding time for herself, her psychological needs, the need to get her pre-pregnant figure back, and adjustment to family life (Brown, 1967; Bull, 1981; Fillmore & Taylor, 1976; Gruis, 1977; Harrison & Hicks, 1983; Pridham et al, 1982).

Given that concerns change over time and this change is to be expected as the mother adjusts to motherhood, on-going assessment of maternal concerns may need to continue at regular intervals throughout the postpartum period to determine maternal need for support. Mothers in the present study were noted to be concerned to varying degrees. To determine how concerned each mother was, a concern index was used. Of the 60 categories about which mothers may have been concerned (given a score choice of 1-3 for each category) a mother could have a concern score of 180. The mothers in the study had concern scores ranging from one to 25. These scores suggest that mothers did not experience high levels of concern. However, as stated earlier, this was a relatively homogeneous group and this may explain the low range of scores. It may also explain why the mothers with the higher scores (>10) were not found to have different characteristics from those with the lower scores. Therefore, further research on levels of concern needs to be conducted on larger and more diverse groups of

primiparous mothers before a "normal" concern range can be determined.

Also, all 41 mothers in this study had a high rate of support resources available. Out of a possible eight sources of support, mothers identified at least four support sources, the average for all mothers in the sample being seven. A similar analysis by Cronenwett (1985), found that the average available support network was 8.5 out of 10 support sources.

The sources of support identified in the present study were both social and professional. Social support from partners and relatives was available to 98% of the mothers. Professional support from doctors was available to all of the mothers. Support from nurses was identified by 85% of the mothers.

This high rate of social support is not consistent with some of the previously noted modern literature which assumes that society is transient and there is less likelihood of high levels of social support (Brown, 1982; Clark, 1966; Crnic et al, 1984; Wandersman et al, 1980). Newfoundland society is comprised of close families. The family network is such that several generations may live within the same community or in close proximity. Even when there is distance between family members, at certain times, such as the birth of child, a relative will often visit and

stay for a short time to help out. The mothers in the present study all had social support from members of their families. Several mothers indicated a family member would be "coming to stay" for a few days to help them.

The high rate of professional sources of support reflect the trend toward improved health care for the childbearing family (Health & Welfare Canada, 1975). Pregnant women are encouraged to seek health care early in their pregnancies and are frequently referred to childbirth classes by the family physician. Other women learn about the value of these classes from relatives, friends or through pamphlets and advertisements. Through these classes, they may become aware of the assistance they can receive following childbirth. In the hospitals where the sample was selected, prior to discharge, mothers are usually advised to call the nursery if they have any concerns. Also a liason nurse between the hospital and the public health nursing department attempts to contact all mothers before discharge to assess the mother's need for follow-up, and to inform the mother that a home visit will be made by the public health nurse after discharge. Of the 41 mothers in this study, 22 (54%) had either received a home visit (15), or a telephone call (7) from the public health nurse by 72 hours after discharge.

Mothers in this study were able to identify their

potential sources of support and thus were aware of where and to whom they could turn for assistance if needed. This reflects the on-going changes in approach to preparing new mothers for home. Just 11 years ago, in 1977 in the United States of America, in two studies conducted by Gruis and Sumner and Fritsch on maternal concerns, the authors concluded that mothers were sent home with inadequate knowledge about whom they could turn to for support.

The most frequent source of support for mothers in the present study was their partner. One possible reason for this was they were readily available and with the high attendance rate of partners at prenatal classes and through labor and delivery the mothers may feel very confident in seeking support from their partners and partners were confident in giving help. Gruis (1977) and Harrison and Hicks (1983) also found the husband to be the most frequent source of support.

Despite the availability of support resources, overall, the mothers in the present study sought and received support for only 20% of their reported concerns. This is not consistent with the findings of Gruis (1977) in that by one month after delivery the mothers had sought support for 78% of their concerns. However, the mothers in Gruis's study had a much longer period of time in which to seek support. The mothers in the present study may have

been more prepared for the early post-discharge period through childbirth education and rooming-in. As noted by the mothers' comments, they "had expected" the postpartum changes. It would have been interesting to re-survey these mothers after one month.

Support received for maternal self concerns was mainly from social sources (57%), with the partner reported as the main source of support (33%) for these concerns. These findings are similar to those of Adams (1963), Brown (1967), Gruis (1977) and Maiewski (1988). In the area of infant related concerns, over half of the support received was from professionals, with nurses providing support for 35% and the doctor for 18% of these concerns. Social sources provided nearly all of the support for situational concerns, with the partner being the main source of support.

As in previous research studies by Brouse (1988), Harrison and Hicks (1983), Pridham et al (1982) and Stanwick et al (1982), mothers were more likely to consult professionals when they were concerned about their infants rather than when they were concerned about themselves. A new mother may lack confidence or knowledge about meeting some of her infant's needs and seeks support from "experts" in the field. When the concerns are about herself, she may have more confidence in her own coping abilities and her

social support systems. An additional possible explanation may be that, as previously mentioned, her perception of the infant's needs may have taken priority in her health-care-seeking behavior. Thus the high rate of professional support for infant-related concerns was not unexpected.

All of the mothers in the study who had received support indicated the support was helpful. It is possible that mothers only sought support from those sources they felt could and would give appropriate advice and/or help.

Overall, this relatively homogeneous group of mothers had a high rate of social and professional support and was not highly concerned during the initial time period at home. The most frequent concerns, for which professional support was sought, were infant-related rather than for themselves. However, mothers did not perceive the need to consult a source of support for the majority of their concerns.

CHAPTER VI

Limitations

There are several limitations to this study:

1. Due to the sample size and method of selection findings should be generalized with caution.
2. The study was conducted during a limited time period. The results may be different if the mothers completed the questionnaire one week later.
3. The sample was a relatively homogeneous group and thus did not allow for comparisons.
4. A new, previously untested instrument was used. The instrument needs to be re-tested in other centers with different samples.
5. The fact that the questionnaire was completed in the investigator's presence may have influenced the mothers' responses.

Conclusions

The purpose of this study was to identify concerns of primiparous mothers and their utilization of available support sources during the first 48-72 hours following hospital discharge. The ultimate purpose was to determine if there is a need for nurses to provide on-going care to new mothers during this initial period at home with their

infants.

Conclusions based on the results of the study must be considered in light of the limitations previously identified. The "normal" primiparous mothers in this study were overall well educated, well prepared for childbirth and had a high rate of social and professional support available. Despite this, these mothers did have concerns during the first 48-72 hours following hospital discharge. These concerns were related to maternal-self, the newborn infant and home situation. The mothers expressed more concerns about the infant thus indicating their prime focus of attention during this initial time period. Maternal self-concerns were mainly related to the mother's physical well-being and this would not be unexpected during the involution process and the adjustment to motherhood. The fact that these "normal" mothers had concerns suggests the need for an initial assessment. Based on this assessment, mothers with low concerns and high social support may require minimum follow-up. Whereas, mothers with higher concern scores and less support may require more intensive public health nursing follow-up.

The mothers in this study used their own resources in coping with most of their concerns, yet they knew to whom to turn for support when they needed it. Information on maternal coping abilities and available support systems

should be obtained during an initial assessment of the childbearing family prior to hospital discharge. The mothers in this study sought and received support for few of their concerns. Support was received more frequently for infant-related concerns than for other maternal concerns. Nurses and doctors were consulted equally for concerns about the infant. The mother's partner was the most frequent source of social support providing support mainly for maternal-self and situational concerns. All of the mothers in the study indicated that, when they received support, it was always helpful.

During this initial time period at home, the mothers in this study had a fairly high rate of contact from a public health nurse, either receiving a home visit or a telephone call within 72 hours of hospital discharge. This contact may have contributed to the low rate of concern and/or the limited need to seek support.

Implications For Nursing

Nursing Practice

Based on this study the researcher identified three nursing measures that should be a part of the postpartum mother's preparation for discharge: (1) provision of information to the mother on the care of self and infant, (2) advice to the mother on the availability of public

health nurses and (3) assessment of the mother's support systems.

Maternal concerns during the first few days at home may be somewhat prevented or alleviated if the mother had information she could refer to on some of the changes or experiences she may have after she goes home. Nurses with expertise in childbearing, both in the hospital setting and in the community, should take the responsibility for instructing the mother. Information booklets or pamphlets, designed at an appropriate educational level, could be prepared on relevant topics that could be given to new mothers prior to discharge home. From the results of this present study, there are certain concern categories identified as important topics to be included in these informational packages. The information should not only identify the potential concerns but give practical suggestions on how to deal with the changes or problems. The main concern categories include:

a) Infant bowel function

Mothers need to know that infants differ in frequency of bowel movements, that there may be differences in color and consistency and how to identify if the newborn has gas pains. If they suspect slight constipation, they need to know what they can give the infant and what will alleviate gas pains.

b) Infant crying

Mothers need information on infant crying and the potential reasons for this crying. They also require practical solutions to help them deal with crying episodes.

c) Infant sleeping

Normal infant sleeping patterns during the first few weeks and even months of life need to be discussed with mothers before hospital discharge. Also mothers should be given some practical advice on how they can obtain their own much needed rest while the infant's sleep pattern is being established.

d) Breast problems

Usually, mothers who are breast feeding receive information on potential problems at breast feeding class. How much the mother actually retains from these classes, when she is not at the time experiencing problems, is unknown. Thus providing the mother with a booklet about breast feeding would be beneficial. The bottle feeding mother is often discharged home before engorgement becomes a problem. These mothers need information on how to decrease the engorgement and reduce the discomfort.

In addition to these main topics, mothers in this study expressed concerns about all of the categories in the questionnaire, but to a much less degree. Postpartum information packages covering infant care and behavior as

well as maternal-self care would be a good reference source for new mothers.

New mothers should be advised as to the availability of professional support. The hospital nurses need to advise the mother how she may contact a public health nurse in her home community. If possible both the name and telephone number of the public health nurse should be noted on the information package, along with the telephone number of the postpartum unit at the hospital. Good liason between hospital and public health nurses is important.

Nurses need to be involved with the childbearing family throughout its various stages of development. An initial assessment early in pregnancy, with periodic assessment throughout the childbearing cycle, would assist the family in the transition process and potentially reduce or prevent health related problems. Through this assessment, needs can be identified and referral to appropriate support sources can be made.

Nursing Education

Nurses need to be prepared for their role in assisting mothers in their transition to motherhood. Petrowski (1981) advocated the need for nursing textbooks to include information necessary for the nurse to care for the new mother in the community. Nurses who work in maternal child

health need to be aware of the various stages of the childbearing cycle and how mothers can be helped to accomplish each stage successfully. Basic nursing education must provide the theoretical and practical foundation for this role. In addition, continuing education is necessary for nurses to further develop the necessary expertise.

Nurses with expertise in this field of nursing must ensure that newcomers to this area of practice receive information, guidance and support to enable them to become effective maternal child nurses in family health promotion within the hospital and community settings.

Nursing Research

Since much of the research in the literature on maternal concerns has been conducted on the "normal" primiparous mother who is well-educated and is socially and economically secure, the concerns of the less-advantaged mothers and those with less support needs to be explored. Also the instrument needs to be re-tested on a different sample than that used for the present study. Nurses have a key role to play in assessment, planning and implementing appropriate strategies for the care of new mothers in order to facilitate the successful transition to motherhood. Nurses can be assisted through further research.

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78-89.

Date:

Subject Number:

Maternal Postpartum Concern and Support Questionnaire

This questionnaire is divided into two parts. Part A has questions about you, your pregnancy, labor and delivery, your postpartum period and your baby. Part B has questions about things that may be bothering you since you have been home from hospital and your source(s) of help.

PART A

Background Information

1. Mother's birth date _____
2. Marital status _____
3. Which of the following categories best describes your highest level of education?
 - _____ a. less than grade 9
 - _____ b. grade 9 or 10
 - _____ c. completed high school or its equivalency
 - _____ d. attended university, trades college, or other post-secondary educational institution
 - _____ e. completed university or other post-secondary institution

4. a. Mother's occupation _____
b. Father's occupation _____

Prenatal information

5. Did you attend prenatal classes? ____ yes ____no

IF YES ANSWER QUESTIONS 7,8,& 9.

6. If no, why not? ____ a. not aware they were
available
____ b. inconvenient class time
____ c. did not feel they would
be helpful
____ d. other, please specify _____
-

PLEASE GO TO QUESTION 10

7. How many prenatal classes did you attend?

- ____ a. all of the classes
____ b. 5-7 of the classes
____ c. 2-4 of the classes
____ d. less than 2 of the classes

8. Did you have a partner with you at the prenatal
classes? ____ yes ____ no

IF YES ANSWER QUESTION 10.

9. If no, why not? ____ a. inconvenient time
____ b. partner did not wish to go
____ c. did not want partner to be present
____ d. other, please specify _____
-

PLEASE GO TO QUESTION 11

10. Who was your partner at prenatal classes?

11. Did your labor start on its own?

____ yes ____ no

IF YES GO TO QUESTION 13.

12. If no, how long were you in hospital before
being induced? _____ hours _____ days

Labor and Delivery Information

13. How long were you in labor?

_____ hours _____ minutes

14. Did you have someone with you during labor?

____ yes ____ no

IF YES, ANSWER QUESTION 15.

IF NO, GO TO QUESTION 16.

15. Who was with you during labor? _____

16. How do you feel about you labor and delivery?

___a) very bad experience

___b) somewhat bad experience

___c) neutral experience

___d) somewhat good experience

___e) very good experience

17. Baby's birth date _____

18. Baby's sex _____ male _____ female

19. In which hospital was your baby born?

_____ S.A. Grace General _____ St. Clare's Mercy

Postpartum Information

20. Did you attend postpartum classes while in hospital? ___ yes ___ no

IF YES, ANSWER QUESTION 20.

IF NO, GO TO QUESTION 21.

21. Which class(es) did you attend?

- ☐ a. infant feeding
 - ☐ b. breast feeding
 - ☐ c. baby bath
 - ☐ d. exercise
 - ☐ e. other, please specify _____
-

22. Which of the following reasons describes why you did not attend postpartum classes?

- ☐ a. did not feel well enough
 - ☐ b. inconvenient class time
 - ☐ c. felt did not need the information as
already knew what was being said
 - ☐ d. other, please specify _____
-

23. Did you feel you were ready to go home when you left the hospital? ☐ yes ☐ no

24. Date of hospital discharge _____

25. After being home for two days do you now feel you were prepared for what has been happening since you came home? ☐ yes ☐ no

26. Which of the following are available to you at home to give you help, reassurance and/or information?

If no why not

- _____ a) husband or partner
- _____ b) your mother
- _____ c) other relatives
- _____ d) friend
- _____ e) public health nurse
- _____ f) hospital nurse
- _____ g) doctor
- _____ h) La Leche League
- _____ i) books or pamphlets
- _____ j) other, please specify
- _____ k) no help available

PART B

I am interested in knowing what has been happening since you have been home with your baby and whether you are worried or have questions about anything. Other mothers have reported that they have been worried or concerned about themselves and their babies during their first few days or weeks at home.

I am also interested in knowing if you have had any help since you have been home. New mothers sometimes receive help from many different people. This may be help with caring for the baby or help with housework. The help may just be by giving you reassurance, or it may be in the form of giving you information.

In this part of the questionnaire, there are 33 questions. Eleven of the questions relate to you, ten are about your baby, three are related to your home situation and six are general questions.

Each of the first 24 questions involves four steps:
Step 1. Please read the question and choose the answer (or answers) that best apply to you.

Step 2. I would then like to know how much each answer you have chosen is worrying or concerning you. Whether you have no concern, slight concern, moderate or great concern about

each answer chosen. Under the section on "Degree of Concern", place the letter corresponding to the answer (or answers) chosen in step one in the column that best describes how much your chosen answer or concern does bother you.

Step 3. Now, under the section on "Source(s) of Help", I wish to find out where you turned to for help in coping with your problem or question. For each answer chosen in step one, place the corresponding letter of the answer in the column (or columns) that indicate the source of help, taking care to select the right space according to whether the help offered was helpful or not helpful.

Step 4. I would like you in the space provided at the bottom of each question to add how and why the help you received was either helpful or not helpful. Please also add any of your own comments you would like to share with me. You may use the back of the page for further comments.

EXAMPLE:

1. Which of these statements best describes how you feel about housework?

- ☐ a) enjoy doing all types of housework
☐ b) enjoy only certain aspects of housework
☒ c) do not enjoy any aspects of housework
☐ d) do not do housework

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
		c		Helpful	c							
				Not Helpful								
Other: I find housework is a waste of time as the house never stays neat very long. My husband helps with the dishes and he will Comments: do the vacuuming.												

Maternal Self-Related Concerns

1. Which of these statements best describes how you have been feeling since you have come home?

- ☐ a) no problems
☐ b) not tired during the day
☐ c) tired sometimes during the day
☐ d) tired often during the day
☐ e) tired all day
☐ f) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

2. Has your sleeping pattern changed since you have been here from hospital?

— a) no

— b) yes

If yes, how has your sleeping pattern changed? _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

3. Have you had any of the following problems with eating?

- ☐ a) no problems
☐ b) loss of appetite
☐ c) unable to sit down for a full meal
☐ d) unsure what you should be eating
☐ e) always hungry
☐ f) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

4. Have you had any of the following bowel related problems since you have been born?

- ☐ a) no problems
☐ b) constipation
☐ c) hemorrhoids
☐ d) diarrhea
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

5. Have you had any problems when passing your water since you have been home?

- ☐ a) no problems
☐ b) need to go to the bathroom often
☐ c) difficulty when passing water
☐ d) passing large amounts of water
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

6. Do you have any questions about the vaginal discharge you are having?

___ a) no questions

___ b) the amount of discharge

___ c) the color of discharge

___ d) the type of discharge

___ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

7. Have you had any problems with your stitches or questions about them?

- ☐ a) no problems or questions
☐ b) difficulty in walking
☐ c) pain on sitting
☐ d) how often should you clean the stitches
☐ e) how should you clean and dry the stitches
☐ f) will the stitches have to be taken out
☐ g) other: _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

8. Have you had afterpains (similar to labor pains) since you have been home?

_____ a) yes
_____ b) no

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

9. If you are breast feeding are you having any problems with your breasts?

- ☐ a) no problems
☐ b) breast engorgement
☐ c) sore nipples
☐ d) flat nipples
☐ e) leaking of breast milk
☐ f) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

10. If you are bottle feeding do you have any problems with your breasts?

- ☐ a) no problems
☐ b) breast engorgement
☐ c) painful breasts
☐ d) leaking breasts
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP							
No Concern	Slight Concern	Moderate Concern	Great Concern	Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful							
				Not Helpful							
Other Comments:											

11. Have you found yourself crying for no real reason since you have been home?

- ☐ a) no problem with crying
☐ b) cries sometimes
☐ c) cries often
☐ d) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

Infant-Related Concerns

12. If you are breast feeding do you have any problems or questions about the actual feeding?

- ☐ a) no problems or questions
☐ b) difficulty in getting baby to latch on the breast
☐ c) pain on breaking suction
☐ d) how often should you breast feed
☐ e) how long should each feeding take
☐ f) how do you treat engorgement &/or sore nipples
☐ g) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

12. If you are bottle feeding now, or plan to bottle feed in the future, do you have any questions?

- ☐ a) no questions
☐ b) how to sterilize and prepare bottles
☐ c) what type of milk is best for baby
☐ d) when to prepare baby bottles and how long they can be kept before using
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP							
No Concern	Slight Concern	Moderate Concern	Great Concern	Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful							
				Not Helpful							
Other Comments:											

14. Have you had any questions about burping baby?

- ☐ a) no questions
☐ b) how to hold baby when burping
☐ c) when to burp baby during a feeding
☐ d) how to cope when baby spits up or vomits after a feeding
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				No: Helpful								
Other Comments:												

15. Are you worried if your baby cries?

___ a) no
___ b) yes

If yes, why? _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

16. Are you worried about bathing baby?

- ☐ a) not worried and feel comfortable & relaxed
☐ b) feel nervous & unsure of how to bath baby
☐ c) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

17. Do you have any questions about the baby's cord?

- ☐ a) no questions
☐ b) how often should you clean the cord area
☐ c) what is the proper way to clean the cord
☐ d) how do you protect the cord from cooling off too soon
☐ e) how do you know when the cord will fall off
☐ f) other _____

DEGREE OF CONCERN			SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern	Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful							
				Not Helpful							
Other Comments:											

18. Are you worried about handling your baby?

- ☐ a) not worried
☐ b) unsure as to the best position for baby when in bed
☐ c) feel nervous when picking baby up
☐ d) afraid you will hurt baby when dressing him/her
☐ e) not worried feel comfortable & relaxed
☐ f) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

19. Do you have any questions about baby's bowels?

- ☐ a) no questions
☐ b) how often should baby have a bowel movement
☐ c) what types of bowel movements are normal
☐ d) how to treat gas pains
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

20. Do you have any questions about baby's wet diapers?

- ☐ a) no questions
☐ b) how often will baby have a wet diaper
☐ c) what causes diaper rash
☐ d) what will prevent diaper rash
☐ e) what treatments are available for diaper rash
☐ f) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

21. Are you worried about baby sleeping?

- ☐ a) not worried if he/she wakes every 2-3 hours but goes back to sleep easily
☐ b) when he/she is awake for long periods at a time
☐ c) if he/she doesn't sleep well at night
☐ d) when he/she doesn't sleep much at all, cries often
☐ e) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

Situational Concerns

22. Are you having problems with doing your housework?

- ☐ a) not doing any housework
☐ b) no problems, everything is going well
☐ c) only doing the necessary things when the baby is asleep
☐ d) trying to keep the house as usual but finding it difficult
☐ e) feel unable to cope
☐ f) other _____

DEGREE OF CONCERN				SOURCES OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

23. Are you finding it difficult being a wife as well as a mother?

- ☐ a) no problems
☐ b) not able to give your partner the attention he needs
☐ c) there is not enough time to be alone together
☐ d) worried about when to resume sexual relations
☐ e) worried about not being able to have sexual relations
☐ f) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

24. Have you been having problems with visitors since you have been home?

- ☐ a) no problems
☐ b) no visitors
☐ c) they do not call before they visit
☐ d) they visit at inappropriate times
☐ e) they stay too long
☐ f) they question what you do & give too much unwanted advice
☐ g) other _____

DEGREE OF CONCERN				SOURCE(S) OF HELP								
No Concern	Slight Concern	Moderate Concern	Great Concern		Husband or Significant Other	Your Mother	Other Relative	Friend	Nurse	Doctor	Books, Pamphlets or Other	No Help Sought
				Helpful								
				Not Helpful								
Other Comments:												

25. If you have contacted a nurse, doctor or other health related person or group for help since you have been home, who did you contact?

26. If you did not contact a nurse, doctor or other health related person or group for help since you have been home, why not?

27. If you have contacted a family member or friend for help since you have been home, who did you contact?

28. If you did not contact a family member or friend for help since you have been home, why not?

29. If you used books, pamphlets or other material to help you with your problems or questions, which ones did you use?

30. Have you been contacted by a public health nurse since you have been home?

- ☐ a) received a telephone call
☐ b) received a home visit
☐ c) no contact

31. Do you wish you had more help at home during the first two days?

- ☐ a) yes
☐ b) no

32. If yes, from whom would you have liked this help?

- ☐ a) husband or significant other
☐ b) your mother
☐ c) other relative
☐ d) friend

33. Would you have liked professional help from:

- ☐ a) nursery nurse
☐ b) public health nurse
☐ c) doctor
☐ d) postpartum support group eg. La Leche League
☐ e) other (please specify) _____

34. Which of the following phrases best describes your experiences during your first two days at home with your new baby?

- ☐ a) much easier than expected
☐ b) same as expected
☐ c) much more difficult than expected

This finishes the questionnaire

THANK YOU FOR YOUR PARTICIPATION

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

*School of Nursing
Department of Parent and Child Nursing, SC-74*

August 4, 1987

Heather Hawkins
P.O. Box 149
Portugal Cove, Newfoundland,
CANADA AOA 3K0

Dear Ms. Hawkins:

Thank you for your interest in my research on postpartum concerns. Attached is a copy of an article discussing the study and the instrument I used. You have my permission to use or adapt the tool with proper acknowledgement of its source. The thesis itself is available through inter-library loan. I wish you well with your research.

Sincerely,

Marcia Gruis Killien, Ph.D., RN
Associate Professor

MGK:sb

Attachments

Appendix C

Letter to Directors of Nursing Service

Director of Nursing

Dear _____:

I am a Registered Nurse who is a candidate for a Masters degree in Nursing. My area of interest is Maternal Child Nursing. I am interested in examining the concerns of primiparous mothers during their initial few days at home following hospital discharge and the availability of support systems.

I am requesting your permission to visit new mothers, who meet the criteria for my sample, while they are patients on your maternity unit on their second day postpartum. During this visit they would be invited to participate in the study and should they agree they would be requested to sign a consent form. The actual data collection would occur in the mother's home after hospital discharge. In selecting the suitable sample participants, I would appreciate it if I could be given permission to approach a nursing staff member on the maternity unit to assist me in the selection .

Enclosed for your information are copies of the proposal for the study, the explanation for the mothers, mother's consent form and Memorial University School of Nursing Human Subjects Review Committee acceptance document. Should you require additional information please contact me.

Once the study is completed a copy will be available at the Health Sciences Library.

Yours truly,

Heather Hawkins B.N., R.N.

Appendix D

Explanation to the Mother

Hello, Ms. _____; my name is Heather Hawkins, I am a Registered Nurse completing a master's degree in nursing at Memorial University of Newfoundland. I am conducting a study into how nurses can provide better care to patients.

I am interested in new mothers during their first two to three days at home with their new babies. I wish to learn what questions or problems they may have and who is available to help them.

I would like you to participate in this study by permitting me to visit you when you have been home for two or three days. During this visit I would like you to complete a questionnaire with me about your first few days at home and what questions you may have. It should take thirty to sixty minutes to complete the questionnaire.

In addition I will be obtaining information on your labor and delivery from your chart.

The information you and the other participants give me will assist nurses in planning care for new mothers. All

information will be confidential in that I will be the only person to have your name. The questionnaire will have a code number but in no way will it be connected with your name. The information you will give me will be kept in a locked cabinet and destroyed when the study is completed. Only the results of the study will be published in my thesis.

Your decision to participate or not in this study will in no way affect the nursing care you receive in hospital and at home. Should you agree and wish to withdraw at any time you are free to do so. You are also free not to answer any question should you decide to. There is no risk or discomfort in you participating other than giving me a little of your time. You will not receive any benefits from this study but if you do need help I will facilitate this for you.

Should you request feedback on the study, a summary of the findings and recommendations will be forwarded to you upon completion. The thesis will also be available at the Health Sciences library.

If you need further information please contact me at 895-2839.

Thank you.

Appendix E
Mother's Consent Form

I, _____, agree to participate in a nursing study on the problems of new mothers and the availability of help being conducted by Heather Hawkins R.N..

I understand I will be required to participate in completing a questionnaire after I have been home between two and three days.

I understand that my name will not be used with my answers or in any publication.

I understand I am free to withdraw from the study at any time.

I understand my participation will in no way benefit me but may assist nurses in helping other new mothers.

I hereby give my consent freely to participate in this study.

Date

Mother's Signature



